

617 0000 72525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

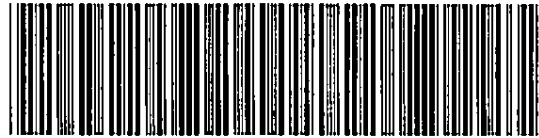
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300313359503

05/21/18--01024--012 **25.00

FILED

18 MAY 21 PM 2:44

SECRETARY OF STATE
MAIL ROOMS 7071 0000

K SALY
MAY 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amarante Media LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nilza Hedrick

Name of Person

Amarante Media LLC

Firm/Company

5605 International Dr

Address

Orlando Florida, 32819

City/State and Zip Code

amaranteamerica@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nilza Hedrick

407 325-3915

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Amarante Media LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 MAY 21 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/30/2017 and assigned
Florida document number L17000072525.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5605 International Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nilza Hedrick	6380 Conejo Terr. Unit 106	<input type="checkbox"/> Add
		Orlando - FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
18 MAY 21 PM 2:44
SHERIFF'S OFFICE
CLERK OF COURT
CLERK OF SUPERIOR COURT
CLERK OF DISTRICT COURT
CLERK OF PROBATE COURT
CLERK OF JUDICIAL CIRCUIT
CLERK OF COUNTY COURT
CLERK OF MUNICIPAL COURT
CLERK OF JUVENILE COURT
CLERK OF TRAFFIC COURT
CLERK OF SMALL CLAIMS COURT
CLERK OF APPEALS COURT
CLERK OF SUPREME COURT
CLERK OF U.S. DISTRICT COURT
CLERK OF U.S. COURT OF APPEALS
CLERK OF U.S. SUPREME COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

FILED
MAY 21 PM 2:14
CLERK OF SUPERIOR COURT
JANUARY 18 2018

E. Effective date, if other than the date of filing: _____ (optional)

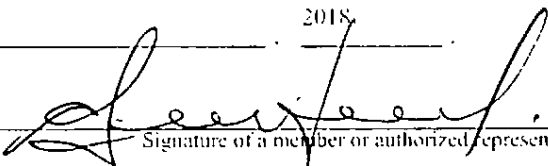
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 11, 2018

☒ 
Signature of a member or authorized representative of a member

☒ Nilza Hedrick
Typed or printed name of signee