217-000111666

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

MOGINT LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carmen L Montero Name of Person Firm/Company 9581 Fontainebleau Blvd Apt305 Address Miami, FL 33172 City/State and Zip Code mario.montero@primemia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carmen L Montero Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOGINT LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record da Limited Liability Company)	15.)
The Articles of Organization for this Limited Liability	Company were filed on 05/19/2017	and assigned
lorida document number L17000111666	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
PRIMEMIA LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 5
Principal office address MUST BE A STREET ADD	ORESS)	
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		07
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	vv
	, FI	orida
	City.	rip cour

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 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>	Address	Type of Action
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Signature of a member or authorized representative of a member					
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