## 117000113444

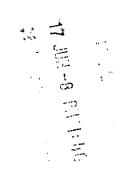
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## 'COVER LETTER

	Registration Se Division of Cor			
CUD IEC	FENIX ME	DIA LLC		
SUBJEC	.1; <u></u>	Name of Lim	ited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		PAULO LOMBA		
			Name of Person	<del></del>
		FENIX MEDIA LLC		
			Firm/Company	
		13648 HAWKEYE DR		
			Address	
		ORLANDO FL 32837		
			City/State and Zip Code	
		PAUL.LOMBA@USA.CO		*
			to be used for future annual report notific	ation)
For furthe	er information co	oncerning this matter, please ca	all:	•
PAULO 1	LOMBA		407 375-2728 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

FENIX MEDIA LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on MAY 23rd, 2017	and assigned
Florida document number L17000113444	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDI	RESS)	
		- 1 d
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		enane.
		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address:		
	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>	Address	Type of Action
MGR	PAULO LOMBA	13648 HAWKEYE DRIVE	
		ORLANDO, FL 32827	Remove
			Change
			□ Add
			Remove
			Change
		·	
			□ Remove
			Change
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record specifies a delay	ed effective date, but	not an effective time.	at 12:01 a.m. on t	he earlier o
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IIINF 1st	2017			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00