

L17000163853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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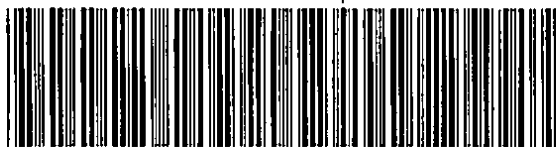
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

n BRUCE
AUG 09 2017

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: CORPOMEDIOS LLC
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:

MIRNA DIAZ
Name of Person
ABIAS CONSULTING INC
Firm/Company
14645 SW 173 ST
Address
MIAMI, FL 33177
City/State and Zip Code
abiasconsulting@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MIRNA DIAZ
Name of Person
786
Area Code
262-4853
Daytime Telephone Number
at ()

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**

CORPOMEDIOS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/01/2107 and assigned
Florida document number L17000163853.

This amendment is submitted to amend the following:

. 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 "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

N/A

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

Enter Florida street address

City

Florida

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

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

IGR = Manager
MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	RAUL A. GORRIN	4100 SALZEDO STREE	<input type="checkbox"/> Add
		UNIT 804.	<input type="checkbox"/> Remove
		CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change
MP	GUSTAVO A. PERDOMO	4100 SALZEDO STREE	<input type="checkbox"/> Add
		UNIT 804.	<input type="checkbox"/> Remove
		CORAL GABLES, FL. 33146	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

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

Paul J. Gerrin

Signature of a member or authorized representative of a member

Raul Gorrin

Typed or printed name of signee