(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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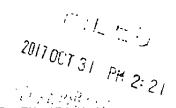
	Registration Sec Division of Corp						
end in		DIA GROUP LLC					
SUBJEC	.1:	Name of Lim	ited Liability Company				
The enclo	osed Articles of a	Amendment and fee(s) are sub	omitted for filing.				
Please ret	turn all correspoi	ndence concerning this matter	to the following:				
		ADRIANA M ESSENFEL	.D				
			Name of Person				
			Firm/Company				
		2001 NE 211 ST	2001 NE 211 ST				
		Address					
		MIAME FL 33179					
			City/State and Zip Code	. 			
adriana@milkmediagroup.com							
		E-mail address: (to be used for future annual report notif	leation)			
For furthe	er information co	oncerning this matter, please ca	all:				
ADRIANA M ESSENFELD			305 766-6778				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed	is a check for the	e following amount:					
□ \$25.0	0 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



MILK MEDIA GROUP 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 L	iability Company were	filed on 09/05/2017	and assigned
Florida document number 1.17000188002	<u>.</u>		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability o	ompany here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Co	mpany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		address on our records, <u>ent</u> e	er the name of the new
Name of New Registered Agent:	ADRIANA M ESSE	NFELD	
New Registered Office Address:	2001 NE 211 ST		
		Enter Florida street address	
	MIAMI	, Florida	33179
	C	ity —	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
AMBR	ANDRES E DIELINGEN	2001 NE 211 ST.	Add
		MIAMI, FL 33179	■ Remove
			Change
AMBR	OGNI CORP	1951 NW SOUTH RIVER DRIVE	= Add
		APT 604	Remove
		MIAMI. FL 33125	☐ Change
<u></u>			
			Change
			Change 2
			Remove
			Change
			□ Add
			Remove
			Change
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ective	e date, if other	r than the date	of filing:	0/19/2017		(op	tional)	
ı effeci	tive date is listed,	the date must be sp	ecitic and can	not be prior to da	ate of filing or mo	re than 90 days af	ter tiling.) Pursuant	to 605,0207
		d in this block do te on the Departm			statutory titing	requirements, t	nis date will not i	be listed as
		·						
reco	rd specifies :	a delayed effe	ctive date	but not ac	n effective tir	me at 12·01	am on the	earlier of
he 9	Oth day afte	r the record is	filed.	, out not a	T CHCCHVC III	ne, de 12.01	a.m. on the	earner or
ted	Octob	21 20th		2017				
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			17	<i>1</i> –				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00