L17000199295

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COVER LETTER

SUBJECT:	Roguezz LL	С		
Joba Ect.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Ray Rodriguez		
			Name of Person	
		Roguezz LLC		
			Firm/Company	
		499 Evernia St		
		-	Address	
		West Palm Beach, FL 3340	91	
		ray@granviastudio.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Ray Rodrigu	iez		786 339-5533	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

TO:

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

Roguezz LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our reconited Liability Company)	rds.)
he Articles of Organization for this Limited Liability Com	pany were filed on 09/26/2017	and assigned
lorida document number L17000199295		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
iranvia Media LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>rincipal office address MUST BE A STREET ADDRES</u>	<u> </u>	2018
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registere egistered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	FOUS
	isaer Pasiaa sireet aaa	r C.n.o
		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
	- 		
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
		 -	Remove
			Change
			□ Add
			□ Remove
			Change

			
			
			
	<u> </u>		
			_
Effective date, if other than the	ne date of filing:	(optional)	
If an effective date is listed, the date m	oust be specific and cannot be prior to da block does not meet the applicable	te of filing or more than 90 days after filing.) Purs statutory filing requirements, this date will r	uant to 605.0207 (not be listed as t
ne record specifies a delay The 90th day after the re	ed effective date, but not ar ecord is filed.	n effective time, at 12:01 a.m. on t	he earlier of:
10/13/2019	2019		
Dated			
		1000	_ _
	Signature of a member or authorized	I representative of a member	

Typed or printed name of signee