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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	TS MEL	DIALLC	2018 HAY 17 DEPARTMENT OF CONVISION OF CONTRACT AHASS	Ø
_	Name of Lim	ited Liability Company	HAY SIOH SIOH	m (
			THE T	H
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	NCX MOT MAL	
Please return all correspon	ndence concerning this matter	to the following:	AM IO: OH	RECEIVED
	100.00	rietcher	#	
	-0	Name of Person		
		Firm/Company		
	Sia Tenas	Address	<u>-</u>	
		, ,	33312	
	91,6	City/State and Zip Code	Com (ication)	
For further information co	oncerning this matter, please co	•	,	
	- 1 1 '			
Junior 1	letcher	11 (154) 665	<u>-7307</u>	
Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for th	e 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)	
MAILI	NG ADDRESS:	STREET/COURE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·	Ur - CAC
Gts Media L	上〇
(Name of the Limited Liability Com. (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number 1700016547	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	2598 E Surrise blud
(Principal office address MUST BE A STREET ADDRESS)	Suite alor
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1841 NW. 851 Terr. # 2002 Plantation FL 33324
	office address on our records, enter the name of the new ere:
Name of New Registered Agent: 745 New Registered Office Address: 25°15	Enter Florida street address
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the new records. Service bounds

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Renюve
			☐ Change
			☐ Remove
			Change
			
			□ Remove
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		27
E. Effe	ctive date, if other than the date of filing:(opt	ional)
(Ifan o	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after: If the date inserted in this block does not meet the applicable statutory filing requirements, the	er filing.) Pursuant to 60
	iment's effective date on the Department of State's records.	is dute with not be the

	ecord specifies a delayed effective date, but not an effective time, at 12:01 ne 90th day after the record is filed.	a.m. on the earl
Date	ed 5/14/2918	
	1 / /) Alaska	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00