## L17000219462

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	PLANIT M	EDIA LLC		
SUBJE	.c.::	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MARK SMITH		
			Name of Person	
			Firm/Company	
		115 TAMIAMI TRAIL N	STE 7	
			Address	
		NOKOMIS FL	34275	
		mark@swagcpa.com	City/State and Zip Code	
		- ·	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co		
MARI	C SMITH		at () 375-4118 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■</b> \$2:	5.00 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:

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

PLANIT MEDIA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L17000219462</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
AMBR	ANDRES ALEJANDRO MARTIN HUDOS Ale'ANDRO MARTINO ZIVI II AI OO	115 TAMIAMI TRAIL N STE 7	Add
	MAR+1N27/11/1/00	NOKOMIS FL 34275	Remove
AMBR	HENRY RODRIGUEZ	115 TAMIAMI TRAIL N STE 7	— ₽ Add
	<del>-</del>	NOKOMIS FL 34275	🗖 Remove
			Change
AMBR	ANDRES ALEJANDRO	115 TAMIAMI TRAIL N STE 7	☐ Add
		NOKOMIS FL 34275	Remove
			Change
AMBR	MARTINEZ VILLATORO	115 TAMIAMI TRAIL N STE 7	Add
		NOKOMIS FL 34275	■ Remove
			□ Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

te: If the date inserted in th	the date of filing: (optional)  e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 his block does not meet the applicable statutory filing requirements, this date will not be listed the Department of State's records.	207 (3 as th
record specifies a dela he 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier record is filed.	of:
ed OCTOBER 31	. 2017	
Alex	Signature of a member or authorized representative of a member	
,		
ALEXANDEK HE	NRY RODRIGUEZ  Typed or printed name of signee	1

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Filing Fee: \$25.00