

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180000433013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

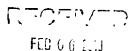
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADATO MEDIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED



Hectronic Liling Menu Corporate Liling Menu

Help

FEB 0 7 2018

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	npany as it now appears on our reco ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 12/21/2017	and assigned
Florida document number L17000259960		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Insego Media LLC		and the second s
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "UI	LC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		and the state of t
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		F
		<u> </u>
		SS: CA I
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our recoi bere:	ros, enter the name of the new
registered agent and/of the new registered write address.		
Name of New Registered Agent:		49
New Registered Office Address:	Enter Florida street add	lress
		Clarida
	City	Florida zip Gode

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.

H 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 = A	AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action			
			∩ Add			
			☐ Remove			
			☐ Change			
			☐ Remove			
		<u> </u>	☐ Change			
			☐ Remove			
			∑i			
			Change Change Change			
			TREMOVE T			
			C Change			
44-7-1-T-1-T-1-T-1-T-1-T-1-T-1-T-1-T-1-T-1			Add			
			☐ Remove			
		;	☐ Change			
			□ Remove			
			□ Change			

D. If amending any other information, en	iter change(s) here: (Attach a	dditional sheets, if nece.	ssary.)	
				···
				 -
		 	2.	·
			<u> </u>	18 5
			37	
				* m
			1.0011	100
E. Effective date, if other than the date of (If an effective date is listed, the date must be spective. If the date inserted in this block does document's effective date on the Department.	eific and cannot be prior to date of this es not meet the applicable statutor	y filing requirements, this	mnig.) (mouam	to 605,0207 (3)(se listed as the
If the record specifies a delayed effection (b) The 90th day after the record is	ctive date, but not an effec filed.	tive time, at 12:01 a	a.m. on the	earlier of:
Dated February 5	2018			
Dated February 5				
Signatu	are of a member or authorized repress	intative of a member		

Page 3 of 3

Filing Fee: \$25.00