## 4800017958

(Re	questor's Name)	
(Ad	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600313619046

05/21/18--01034--010 \*+30.00

SECRE TARY OF STATE OF CORPORATIONS

N COOPER

MAY 23 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKIMSU M	NEDIA LLC	
( <u>Name of the Limites</u> (/	I Liability Company as it now appears on our r A Florida Limited Liability Company)	ecords.)
Articles of Organization for this Limited Liability Company were filed on		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	<b></b>
(Principal office address MUST BE A STREET	ADDRESS)	S S S S S S S S S S S S S S S S S S S
		7 3 T
Enter new mailing address, if applicable:		AM I
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
		<u> </u>
		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
	Cim	_, Florida
e Articles of Organization for this Limited Liability Company were filed on 1 19 2018 and assigned orda document number L18 000017958.  is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  there we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" there new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  A STREET ADDRESS  If amending address, if applicable:  address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the distered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	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

Title AMBK	<u>Name</u>	Address	Type of Action
President	Delray Williamson	4540 NW. 145+ LANDERMINI FL. 33313	<b>b</b> Add
			Remove
			Change
			🗆 Add
			☐ Remove
			Change
			□ Add
			Remove
		<del></del>	Change
			□ Add
			Remove
			Change
	·		🗆 Add
			□ Remove
			☐ Change
			🗆 Add
			Remove
			Change

-			
	· · · · · · · · · · · · · · · · · · ·		
			2
		<u>8</u>	NOISIAIO
		18 MAY 2 I	)N OF
	<del></del>	<u>-</u>	COR
		AH 1 : 179	CORPORA
		645:	YI TONS
			77
(If an e <u>Note</u>	tive date, if other than the date of filing:		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the epoch day after the record is filed.	earlie	r ol
Dated	MAY 11, 2018		
	Senature of a member of authorized representative of a member  DWDYNE W16414 CED		
	Signature of a member of authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00