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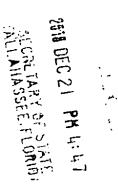
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COVER LETTER

	Registration Sed Division of Cor		`	
SUBJEC		JAL CFO, LLC		FL G
SOBJEC		Name of Limi	ited Liability Company	ALL MARSES
The encle	osed Articles of .	Amendment and fee(s) are sub	nitted for filing.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Joseph H. Brown		
			Name of Person	
			Firm/Company	
	4060 20th Avenue SE			
		· · · · · · · · · · · · · · · · · · ·	Address	
		Naples, FL 34117		
			City/State and Zip Code	
		jbrown033011@gmail.com		
		E-mail address: (1	o be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	ill:	
Joseph H. Brown			at () 450-3745 Area Code Daytime	
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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:

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



MY VIRTUAL CFO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	and assigned
Florida document number L18000040223	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Washington Avenue Media, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
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 recordistered agent and/or the new registered office address here: Name of New Registered Agent:	ords, enter the name of the nev
New Registered Office Address:	
New Registered Office Address: Enter Florida street address	ldress
Сиу	, Florida
·	zip Соце
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 60 being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.	, and I am familiar with and 95, F.S. Or, if this document is

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>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
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			□ Remove
			☐ Change
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			□ Change

If am	ending any other informa	tion, enter change(s) here	e: (Attach additional sh	vets, if necessary.)	
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(If an ef		a be specific and cannot be prior		(optional) 90 days after filing.) Pursuant to 60:	
	nent's effective date on the D			ements, this date will not be list	ed as th
	cord specifies a delayed e 90th day after the rec		t an effective time, a	t 12:01 a.m. on the earli	er of:
Dated	December 14	2018			
		<u> </u>	_		
		Sanature of a mamber or auth	orized representative of a mer	nber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00