118000055866

(Re	questor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	- #\
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PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUN 0 8 2018

COVER LETTER

TO: Registration S Division of Co			
C Squared	Media LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Diana Ocampo		
	 	Name of Person	
	C Squared Media		
		Firm/Company	
	16319 SW 26th Street		
		Address	
	Miramar, Fl. 33027		
		City/State and Zip Code	 -
	carolina.ocampo@csquarem		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Carolina Fernandez		305 793-6877	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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**

C Squared Media		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
he Articles of Organization for this Limited Liability Compan	y were filed on 63/02/2018	and assigned
lorida document number 1 18000055866.		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or	
nter new principal offices address, if applicable:		18 Ju
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
		
		PM 12:
nter new mailing address, if applicable:		<u> </u>
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
 If amending the registered agent and/or registered egistered agent and/or the new registered office address he 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Al Vazquez	16319 SW 26th Street	A dd
		Miramar, FL 33027	□ Remove
		 	Change
MGR	Carolina Fernandez	16319 SW 26th Street	Add
		Miramar, Ft. 33027	Remove
		 	Change
MGR	Lara C. Fernandez	16319 SW 26th Street	
		Miramar, FL 33027	Remove
			□ Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			□ Change
			Remove
			☐ Change

18 JUN -7 7	rective date, if other than the date of filing:					
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28	ective date, if other than the date of filing:					28
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cument's effective date on the Department of State's records.			:e, but not an e	effective time, at	12:01 a.m. on th	e earlier
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Filing Fee: \$25.00