## L18000)176574

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2018 DEC -6 PM 3: 03
SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor		•	•
0 * 1 PS # #		R MEDIA, L.L.C.		
SOBJ	ECT:	Name of Limi	ted Liability Company	·
The en	iclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ILIA MIMINOSHVILI		
			Name of Person	
		USA STAR MEDIA, L.L.G	o.	
			Firm/Company	
		900 N FEDERAL HWY S	TE 306	
			Address	·
		HALLANDALE, FL 3300	9	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information o	concerning this matter, please co	all:	
	N	of Person	at () Area Code Daytime	- Talashana Nambar
	svarne c	or rerson	Area Coue Dayunk	e retepiante (vanise)
Enclos	sed is a check for t	he following amount:		
<b>=</b> \$2	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, 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

FILED

2018 DEC -6 PM 3: 03

USA STAR MEDIA, L.L.C. (Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FL 07/23/2018 The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned Florida document number 1.18000176574 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 24/7 SLINGSHOT RENTAL, L.L.C. 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 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 . Florida \_

## 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.

City

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				
<u>Title</u>	Name	Address	Type of Action	
			□ Remove	
			☐ Change	
			Remove	
			Change	
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			☐ Change	
			☐ Remove	
			<b></b>	

,,	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
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Note: If	date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Pecember 3. 2018.  Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	ILIA MIMINOSHVILI
	Typed or printed name of signee

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Filing Fee: \$25.00