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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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TO:	Registration Sec Division of Corp			
SUBJ	ест: <u>Д</u> о	Name of Limit	Society Company	
The e	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspor	ndence concerning this matter	to the following:	
		Kenn	Name of Person	
		Mob,	le Media Goo. Firm/Company	p LLC
		1001 N	E 96 Th 577 et	£
		Misni	City/State and Zip Code Mobilemedia in to be used for future annual rep	33138
		Kew C , E-mail address: (1	mobilemedia in to be used for future annual rep	ort notification)
For fu	urther information co	oncerning this matter, please ca		
	Kenneth L Name of	Person	at (714) Area Code	721-9270 Daytime Telephone Number
Enclo	sed is a check for th	e following amount:		
1 € \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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 ORGANIZATION OF

·		<u></u> S
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	P C 2
•	- /2 /	\$ 2 T
The Articles of Organization for this Limited Liability (Company were filed on $O> 150/2018$	Santt assigned
Florida document number 4 1 800 02 083	93	PH 3:
This amendment is submitted to amend the following:		STATE OF
A. If amending name, enter the new name of the lim	nited liability company here:	>
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
		
B. If amending the registered agent and/or regis	stered office address on our records, enter th	e name of the new
registered agent and/or the new registered office add		the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	, Florida	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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBL	Kenneth Lung		□ Add
/MGR		100 1 NE 96th STREET MINDI SKIPS FI 33138	Remove
		Minni Skirg Fi 33138	Change
			🗆 Add
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(If an effective Note: If the	te, if other than the date of filing: October 39, 3018 (optional) date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3), date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
the record s The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	Och 29, Jel8. Rignature of a prember or authorized representative of a member
_	Renneth T. Luni) Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00