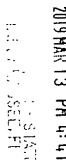
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(Address)	
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(City/State/Zip/Phone #)	<u> </u>
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PICK-UP WAIT N	IAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	

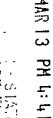
Office Use Only



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C. GOLDEN MAR 25 2019

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	1BDC5 \(\sum_{\text{Name of Lim}}\)	LLC- ited Liability Company	<u> </u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SA	12.14 Bouth	
		Name of Person	
	8-1	(ED ( E ∧ — ( C C C ) Firm/Company	
-		Firm/Company	
	4604	49+4 512E Address	ET IV
		Address	
	SA.NT PE	THE GORE FC 3 City/Stale and Zip Vode	37-3
	<u> </u>	D. AUDOCATIONS to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
A CESSAN	Pro BONTA	at (ZOZ) 4Z/ Area Code Daytime	-5917
Name	of Person	Area Code Daytimo	· Telephone Number
Enclosed is a check for t	the following amount:		
<b>t%</b> \$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:

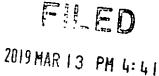
Registration Section Division of Corporations P.O. Box 6327

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



	19 111 4. 4 1
MEDIEN	
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number L 18000219851	, 1
Trotted document flustices	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	nility company here:
A. If allichollig halic, cher the new halic of the limited hab	mry company nere.
The new name must be distinguishable and contain the words "Limited Liabil	Fig. Company "the decimation of LC" as the abbrariation of LC"
The new name must be distinguishable and contain the words. Elimied Elaon	
Enter new principal offices address, if applicable:	670 SUNSET DR 5
(Principal office address MUST BE A STREET ADDRESS)	SAINT PETERSBURG FC 33707
	<u> </u>
Enter new mailing address, if applicable:	670 SUUSET D2 S
.,	SAINT PETERSSURGERSSTOT
(Mailing address MAY BE A POST OFFICE BOX)	JA - LOUIS SO CO TO TO TO
D. If amounting the majorand agent and/or registered of	ffice address on our records enter the name of the real
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	±-
Name of Nicos Description I America	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	A LES)ANDES BENTA	670 SUSEIDES	
		SAINT PETERSBUTG, FL 33707	□ Remove
			Change
		•	☐ Remove
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D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated <u>C</u>	3/10/2019
	Signature of a member or authorized representative of a member
	SANAH BONTA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00