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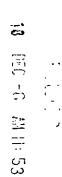
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COVER LETTER

TO:	Registration Se Division of Cor			
C1174 I I	MEDIOS 1.			
SUBJI	EC1:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MONTESH PUNJABI		
			Name of Person	
			Fint/Company	
		1 WATER CLUB WAY, A	APT 804 N	
		NORTH PALM, BEACH,	Address FL 33408	
		IMASHOK@HOTMAIL.C	City/State and Zip Code OM	***
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	alt:	
MONT	TESH PUNJABI		302 898-5089 at ()	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2 :	5.00 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:

TO:

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

MEDIOS 1, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10}{2}$ Florida document number $\frac{L18000232652}{L18000232652}$	02/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> : হুবী
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ċ
Principal office address MUST BE A STREET ADDRESS)	
	. w
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flori	da street address

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMGR	MONTESH PUNJABI	1 WATER CLUB WAY, APT 804 N	□ Add
		NORTH PALM BEACH, FL	Add
		33498	□ Remove
			☐ Change
			€o □ Remove
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ctive date, if other than the d	ate of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.02
If the date inserted in this bloc	k does not meet the applicable statute	ory filing requirements, this date will not be listed
ment's effective date on the Dep	artinent of State's records.	
ecord specifies a delayed e	effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
e 90th day after the recor	d is filed.	
NOVEMBER 27	2018	
·	,	
1//		sentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00