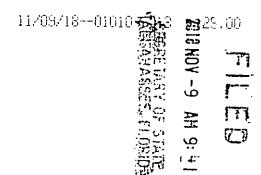
118000253307

(Requ	uestor's Name)	
(Addr	ess)	_
nbbA)	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500320518935



Y SULKER NOV 27 2018

COVER LETTER

Division of Co	rporations		
Skläye Aer	rial Media, LLC		
SUBJECT:			
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	John N. Christmas		
		Name of Person	
	SkEye Aerial Media, LLC		
	····	Firm/Company	
	3502 Jenks Avenue #7300		
		Address	<u></u>
	Panama City, FL 32405		
	 	City/State and Zip Code	
	nick@ecsolutions.ec		
	E-mail address: (to	o be used for future annual report notifi-	cation)
For further information of	concerning this matter, please ca	11:	
John N. Christmas		850 276-4697	
Name	of Person	at ()	Telephone Number
Enclosed is a check for (the following amount:		
■ \$25.00 Filing Fec	□ \$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

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

SkEye Aerial Media, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor	ompany were filed on 10 29 2018 and assign	ıed
Florida document number L18000253307	- ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Cerberus Multimedia Solutions, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C	<u></u>
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Trincipal typice dadress brost bir to their tables		
Enter new mailing address, if applicable:	<u> </u>	
Mailing oddress MAY BE A POST OFFICE BOX)		
		· serving
	in the second se	
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of	the n
registered agent and/or the new registered office addre	ess here:	1.1
	ာ ရှိသည်။ (၁)	
Name of New Registered Agent:	## # # # # # # # # # # # # # # # # # #	
New Registered Office Address:	Enter Florida street address	
	12mer 1 tortale sirves allowess	
	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
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			2318 OV TO
			Remove
			データ まして シェロ change 東京 土
			्रम् □ Add
			Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
			П Remove
			☐ Change

						<u> </u>			
									
					<u></u>				
									_
			_						
									
	_	···							
		·							
								-	 -
							£.	100	
-				 -			THE STATE OF	CTD	 'अन्त्रद्
								8	
								9	
								프	
							95	ö	_ []
	- <i>e e</i> :1: .							=	
ective date, if other than the date affective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Depart	oes not me	et the appl	icable star	f filing or m utory filin	ore than 90 g requiren	days after the days this	iling.) Pur date will	stant to (not be l	505,0201 isted as
record specifies a delayed eff he 90th day after the record		ite, but r	not an ei	fective t	ime, at :	12:01 a	m. on t	the ear	rlier o
November 6		2018							
	K .	ember or au	f						

Page 3 of 3

Filing Fee: \$25.00