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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) UP	
(Br	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Cor	porations	.,	
3 MAGI M SUBJECT:	EDIA LLC	•	
	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Att: Amdres Espinosa		
	3 MAGI MEDIA LLC	Name of Person	
	2468 Eagle Run Way	Firm/Company	
	Weston/FL/33327	Address	
	andresespinosariera@gmail		
		to be used for future annual report notification)	2010 NO
For further information co	ncerning this matter, please ca	all;	all
Andres Espinosa		305 582-7758	(A)
Name of	Person	at () Area Code — Daytime Teleph	
Enclosed is a check for the	e following amount:		् ⁼ ७
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

3 MAGI MEDIA	LLC		
		 _	

(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on November 26, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		· -
		_ _
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. 16 amount and the state of t	and off and decree	
	erea allee saaress on our records, ontor	
 if amending the registered agent and/or regist registered agent and/or the new registered office addr 	ess here:	
o. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ess here:	22
n. If amending the registered agent and/or regist registered agent and/or the new registered office address and the new registered office address and the new registered agent:	ess here:	
Name of New Registered Agent:	ess here:	22
registered agent and/or the new registered office addr	Enter Florida street address	NOV 3
	ess here:	NOV 3

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Andres Espinosa Riera	2468 Eagle Run Way, Weston, FL 33327	
			Add
			■ Remove
			Change
MGR	Andres Eduardo Espinosa	2468 Fagle Run Way, Weston, FL 33327	
			B Add
			Remove
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ective date, if other than the date of fili effective date is listed, the date must be specific a	ind cannot be prior i	o date of filing o	r more than 90 days	optional) safter filing.) Pursu	ant to 605
te: If the date inserted in this block does not ument's effective date on the Department of	I meet the applica f State's records.	ble statutory fi	ling requirements	s, this date will no	nt be liste
			-	-	
record specifies a delayed effective	date, but not	an effective	e time, at 12:	01 a.m. on th	e earlie
he 90th day after the record is filed	j.				
November 28	2018				
ed	- ·				

Page 3 of 3

Filing Fee: \$25.00