

L19000008881

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(City/State/Zip/Phone #)

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OFFICE OF CORPORATIONS
201 MAY -6 AM 10:50

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MAY 22 2020

D CUSHING

TO: Registration Section
Division of Corporations

SUBJECT: PALM MEDIA GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRES BLANCO

Name of Person

PALM MEDIA GROUP LLC

Firm/Company

1548 Brickell Ave Flr 3

Address

Miami FL 33129-1219

City/State and Zip Code

UpToNG@Mc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres Blanco

at (305) 600-4487

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 MAY - 6 AM 10:50

**TO
ARTICLES OF ORGANIZATION
OF**

PALM MEDIA GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/07/2019 and assigned
Florida document number P1000008881.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1548 Brickell Ave Flr 3

Miami FL 33129-1219

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1548 Brickell Ave Flr 3

Miami FL 33129-1219

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANDRES BLANCO

New Registered Office Address:

1548 Brickell Ave Flr 3

Enter Florida street address

Miami

City

, Florida

33129-1219

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

or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	JAIME GARCIA	2456 Prince Michael Dr	<input type="checkbox"/> Add
		Oakville ON L6H 7P1	<input type="checkbox"/> Remove
		Canada	<input checked="" type="checkbox"/> Change
MBR	INAKI AGUIRRE	Calle Hermosilla 14 5-B	<input type="checkbox"/> Add
		28001 Madrid	<input type="checkbox"/> Remove
		Spain	<input checked="" type="checkbox"/> Change
MBR	LUCAS BLACH	1548 Brickell Ave Flr 3	<input type="checkbox"/> Add
		Miami FL 33129-1219	<input type="checkbox"/> Remove
		USA	<input checked="" type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, 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)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

May 1

2020

Dated



Signature of a member or authorized representative of a member

LUCAS BLACH

Typed or printed name of signee