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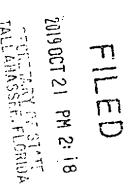
| (Re | equestor's Name) | |
|-------------------------|-------------------|--------------|
| (Ad | ldress) | <u> </u> |
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| | | |
| (Cit | y/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Cor | | Ž | - |
|-----------------------------|--|---|---|
| SUBJECT: | Ideas Medi | ia Group, LLC. | |
| SUBJECT. | Name of Limi | ted Liability Company | |
| The enclosed Articles of . | Amendment and fee(s) are subt | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | | Jennilyn Mesa | |
| | | Name of Person | |
| | lde | eas Media Group, LL | C. |
| | | Firm/Company | |
| | 114 | 55 SW 40th Street # | 111 |
| | | Address | |
| | | Miami, FL 33165 | |
| | | City/State and Zip Code | |
| | info(| @ideasmediagroup.c | om |
| | | to be used for future annual report r | ouncation) |
| For further information c | oncerning this matter, please ca | all: | |
| Jennily | n Mesa | at (786) | 602-0698 |
| Name o | f Person | | time Telephone Number |
| Enclosed is a check for the | ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | eas Media Group, LL | | |
|---|--|--------------------------------|--------------------|
| (Name of the Limited (A | Liability Company as it now apper Florida Limited Liability Company | ars on our records.) | |
| The Articles of Organization for this Limited Liab Florida document numberL1900004607 | | February 15, 201 | 9 and assigned |
| This amendment is submitted to amend the follow | ing: | | |
| A. If amending name, enter the new name of the | ne limited liability company | <u>here</u> : | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," the | designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | | |
| (Principal office address MUST BE A STREET). | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | | | TO TO SEE |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered office address o e address here: | on our records, <u>enter t</u> | he mame of the nev |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter F | lorida strvet 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> | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------------|-----------------|
| Pres | Melissa Kil | 901 Ponce De Leon Blvd. #305 | |
| | | Coral Gables, FL 33134 | Remove |
| | | | Change |
| Pres | Jennilyn Mesa | 901 Ponce De Leon Blvd. #305 | |
| | | Coral Gables, FL 33134 | □ Remove |
| | | | ☑ Change |
| | | | D Add |
| | | | ☐ Remove |
| | | | Change |
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| | | | Change |
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| | | | Remove |
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| | | | □ Remove |
| | | | Change |

| D. If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If | date, if other than the date of filing: |
| | od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. |
| Dated | October 16 2019 |
| | Signature of a member or authorized representative of a member |
| | Jennilyn Mesa Typed or printed name of signee |
| | typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00