190000 70355

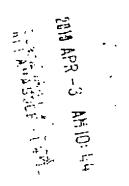
(Requ	estor's Name)
(Addre	ess)	
(Addr	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	nme)
(Docu	ment Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



600327202156

Ü4/05/13--01907--084 +∗50.00



APR 1 1 2019 C MCNAHR

COSTELLO & WICKER, P.A.

ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS Voice (239) 939-2222 • Facsimile (239) 939-2280

John M. Wicker, P.A., Managing Attorney

Also member of Florida Institute of Certified Public Accountants

Brittany Professional Centre 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

In Memoriam

Mailing Address Post Office Drawer 60205 Fort Myers, FL 33906-6205

April 1s, 2019

Florida Department of State

Truman J. Costello, 1949-2011

Division of Corporations - Corporate Filing

Post Office Box 6327 Tallahassee, FL 32314 Sent By:

Fax

Re:

Simultaneous Name Change

Document Number L17000033239

HARBORSIDE PHOTOGRAPHY LLC n/k/a M&M MEDIA, LLC.

Document Number L19000070355

HARBORSIDE ACQUISITION, LLC. n/k/a HARBORSIDE PHOTOGRAPHY,

LLC

Dear Sir/Madam:

In connection with the above captioned simultaneous name change, with this fax, please find the following:

- 1. Articles of Amendment to Articles of Limited Liability HARBORSIDE PHOTOGRAPHY LLC., document number L1700003329, dated April 1, 2019 (please process first); and
- 2. Articles of Amendment to Articles of Incorporation of HARBORSIDE ACQUISITION. LLC, document number L19000070355, dated April 1st, 2019 (please process second).
- 3. We have enclosed our firm's check #8133 in the amount of \$50.00 payable to Florida Department of State representing Filing Fees for the two Amendments.

Should you have any questions concerning this simultaneous name change, please do not hesitate to contact our office at 239-939-2222. Thank you for your assistance.

For the Firm

Enclosures: As stated above

Direct Dial: (239) 690-4265

E-mail:

jwicker@lawcrw.com



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 APR -3 AM 10: 1.4

HARBORSIDE ACQUISITION, LLC		ta formi (Arthur)
FIARBORSIDE ACQUISITION, LLC (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)) (ATT AHASSE) TO THE
The Articles of Organization for this Limited Liability Company		
Florida document number <u>L19000070355</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
HARBORSIDE PHOTOGRAPHY, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	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:

or removed fi	rom our records:		
MGR = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			🗆 Remove
			Change
			🗆 Add

		 Change
		 D Add
		 Remove
		 Change
		 🗆 Add
		 Remove
		 Change
		 □ Remove
		🗆 Change
		 □ Add
	 □ Remove	
		🗖 Change
		🗆 Remove
		□ Change

). 11 amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
(If an effe <u>Note:</u>	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	APRIL 1 . 2019
	Rignature of a member or authorized representative of a member
	ALMUT HEBEBRAND
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00