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AH 9: 33

C. GOLDEN MAY 1 3 2019

COVER LETTER

	Registration Sec Division of Corp			
SUBJECT		A GROUP LLC		
SUBJEC	1;	Name of Limit	ed Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please retu	ırn all correspor	ndence concerning this matter to	the following:	
		Perry F. Sofferman, Esq.		
			Name of Person	
		Fowler White Burnett, P.A.		
			Firm/Company	
		One Financial Plaza, 100 Sc	outheast Brd Avenue, 21st Floor	
			Address	
		Fort Lauderdale, Florida 33:	394	
			City/State and Zip Code	
		psofferman@fowler-white.co	1	
Con Comba	- i- fotion oo	ncerning this matter, please cal	be used for future annual report notification)	
		meering this matter, prease car		
Perry F. S	Sofferman, Esq.		954 377-8144 a ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed i	is a check for the	e following amount:		
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Registra Divisior P.O. Bo	NG ADDRESS: ution Section of Corporations x 6327 ssee, 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

EH ED

2019 APR 29 AH 9: 33

STP MEDIA GROUP, LLC

		_
(Name of the Limited Liab (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	Paradi USLE, Fi
The Articles of Organization for this Limited Liability	Company were filed on March 15, 2019	and assigned
Florida document number L19000073495		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties, and I a agent as provided for in Chapter 605, F.S. (cred office address, I hereby confirm that the	m familiar with and Or, if this document is
		
	f Changing Registered Agent, Signature of New	Registered Agent

Page 1 of 3

MGR = Manager AMBR = Authorized Member				
<u> Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	NICOLE S. CHAMPAGNE	13476 SW 131st Street Miami, Florida 33186	Add	
			■ Remove	
			Change	
AMBR	SCARLETT HOLDINGS LLC	2960 NE 207th Street, #1017 Aventura, Florida 33180	Add	
			☐ Change	
<u>. </u>				
			□ Remove	
		<u> </u>	☐ Chunge	
			□ Add	
			☐ Remove	
			Change	
			D Add	
			□ Remove	
			Change	
			Remove	
			□ Change	

•		
D. If an	nending any other information, enter change(s) he	re: (Attach additional sheets, if necessary.)
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		<u> </u>
		, , , , , , , , , , , , , , , , , , ,
E. Effe	ective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(
Note	e: If the date inserted in this block does not meet the app in	cable statutory filing requirements, this date will not be listed as the
docu	ument's effective date on the Department of State's record	S.
If the r	record specifies a delayed effective date, but n	ot an effective time, at 12:01 a.m. on the earlier of:
(b) Th	he 90th day after the record is filed.	
Date	ed April 4 , 2019	
		
	11 7. 1/ un	
	Signature of a member or au	horized representative of a member
	Perry F. Sofferman	
	Typed or pri	nted name of signee

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Filing Fee: \$25.00