L19000107479

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COVER LETTER

TO:	Registration Section
	Division of Corporations

Mobile LED Advertising LLC
SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jill DiSalvo

Name of Person

DiSalvo & Associates, PLLC

Firm/Company

1760 N. Jog Road, Suite 150

Address

West Palm Beach, FL 33411

		City/State and Zip Code		
	jdisalvo@d-acpa.com			2023
	E-mail address:	(to be used for future annual	report notification)	<u>ت</u>
For further information	concerning this matter, please c	all:		[]]
Jill DiSalvo		561 65 at ()	9-1177	.:
Name	of Person	Area Code	Daytime Telephone Number	بې
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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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile LED Advertising, LLC (Name of the Lim	ited Liability Compa	iny as it now appears o	n our records.)
(<u></u>	(A Florida Limited I	i <mark>ny as it now appears o</mark> Liability Company)	· <u>·····</u> ······························
The Articles of Organization for this Limited I	Liability Company	were filed on 4/19/2	and assigned
	chaomy company	were med on	
Florida document number L19000107479			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, <u>enter the new name</u>	of the limited liab	<u>oility company here</u>	:
Brite Street Media, LLC		-	
The new name must be distinguishable and contain the	words "Ennited Liabi	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		15623 91st Terrace	N
		Jupiter, FL 33478	
			· · · · · · -
Enter new mailing address, if applicable:		N/A	162
(Mailing address MAY BE A POST OFFICE	FROX)		
	<u> </u>		~
			······································
B. If amending the registered agent and/or	runistored office	address on our room	nde anter the name of the second
igent and/or the new registered office addr		audress on our rect	enter the name of the new regist
			် မ န
		<i>.</i>	
Name of New Registered Agent:	DFS Agent, LL		
New Registered Office Address:	1760 N Jog Ro	ad Suite 150	
		Enter Florida	street address
	West Palm Bea	ich	, Florida

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 Regktered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			🗆 Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

February 10 Dated	202 0	
	Signature of a member or authorized representative of a member	
William Byers		
	Typed or printed name of signee	