

19000127983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

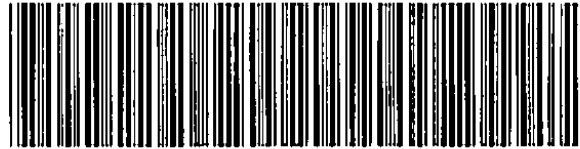
(Business Entity Name)

(Document Number)

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FILED  
2019 DEC -6 PM 5:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

JAN 11 2020  
I ALBRITTON

# COVER LETTER

To: Registration Section  
Division of Corporations

SUBJECT: AGE LED MEDIA 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:

EDGARDO RODRIGUEZ SUAZO

Name of Person

AGE LED MEDIA LLC

Firm/Company

PO BOX 45022

Address

KISSIMMEE, FL 34745

City/State and Zip Code

AGELEDMEDIA@GMAIL.COM

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

For further information concerning this matter, please call:

EDGARDO RODRIGUEZ SUAZO

407 361-4848  
at ( )

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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AGE LED MEDIA LLC

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

**FILED**  
2019 DEC -6 PM 5:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/10/2019 and assigned  
Florida document number L19000127883

This amendment is submitted to amend the following:

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

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

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

PO BOX 450222

KISSIMMEE, FL 34745

2. 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:

New Registered Office Address:

Enter Florida street 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

Recommending Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added or removed from our records:

GR = Manager

IBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                              | <u>Type of Action</u>                      |
|--------------|----------------------|---|--|
| GR           | ADRIANA CASTRO RIERA | 7104 RED LANTERN DRIVE<br>HARMONY, FL 34773 | <input type="checkbox"/> Add               |
|              |                      |   | <input checked="" type="checkbox"/> Remove |
|              |                      |   | <input type="checkbox"/> Change            |
|              |                      |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
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|              |                      |   | <input type="checkbox"/> Add               |
|              |                      |   | <input type="checkbox"/> Remove            |
|              |                      |   | <input type="checkbox"/> Change            |

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

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.

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

Dated NOVEMBER 19 2019

 \_\_\_\_\_

Signature of a member or authorized representative of a member

EDGARDO RODRIGUEZ SUAZO

\_\_\_\_\_  
Typed or printed name of signee