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TÄLLÄHÄSSEE FLORIDA

AUG 1 6 2019 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	AFIWI MEDI Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANNA -K	AY EDWARD Name of Person	3
	AFIWI I	MEDIA LLC Firm/Company	
	3608 St	V 170TH A	VENUE
	MIRAMAR	FL 3	3027
		AFIWI MARKETING to be used for future annual report not	
For further information co	oncerning this matter, please ca	all:	
ANNA - KAY Name o		at (<u>954</u>) <u>372 Area Code Daytin</u>	E188 ne Telephone Number
Enclosed is a check for th	ac 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

ARTIC	LES OF ORGA OF	ANIZATION		F1 19 AUG TALLAHA
AFIWL (A)	AEDIA L Jability Company as it Florida Limited Liability	now appears on our rec Company)	cords.)	13 M 7: SSEEL FLORING assigned
The Articles of Organization for this Limited Liabi	lity Company were f	ifed on	7/19	Sand assigned
Florida document number	<u>. </u>			<i>*</i>
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of the	e limited liability co	mpany here:		
AFIWI MARKETING The new name must be distinguishable and contain the words	LLC C"Limited Liability Com	pany." the designation "	LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:	808 SW	1701	H AVENUE
(Principal office address MUST BE A STREET A	(DDRESS)	MIRAMAR,	FLORID	A 33027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>) <u>Box</u> 27 IRAMAR ,		33027
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on our reco	ords, <u>enter t</u>	he name of the new
Name of New Registered Agent:	JOSAINE	MORRISON	7	····
New Registered Office Address:	3808 SM	130TH Enter Florida street ad	AVENC)E
-	MIRAMA	r.	. Florida	33027 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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			C Change
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E CC A	in the if when they are done of films.
Note:	ive 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 90th day after the record is filed.
Dated	AUGUST 9 2019
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00