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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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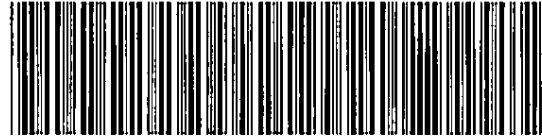
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 29 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHITTE GROUP 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:

MONICA GERMAN EA

Name of Person

MG TAX SOLUTIONS CORP

Firm/Company

8637 ESCONDIDO WAY EAST

Address

BOCA RATON, FL 33433

City/State and Zip Code

MGTAXSOL@GMAIL.COM

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

For further information concerning this matter, please call:

MONICA GERMAN, EA

954

554-7424

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**

SHITTE GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/24/2019 and assigned
Florida document number L19000190115

This amendment is submitted to amend the following:

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

GFS MEDIA GROUP LLC

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)

5561 SW 11TH ST

APT E

MARGATE, FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5561 SW 11TH ST

APT E

MARGATE, FL 33068

B. 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: SAME

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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NINO JHON SR	200 SW 8TH APTO 202	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINDA ESLAVA	5561 SW 11TH ST APT E	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated AUGUST 16, 2019

Manuel León.

Signature of a member or authorized representative of a member

MANUEL LEON

Typed or printed name of signee