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C. GOLDEN

DEC 1 8 2019

COVER LETTER

	gistration Sectio vision of Corpor			
SUBJECT:	CLIC	ENGAGE Name of Lim	MEDIA LLC	
		Name of Lim	ited Liability Company	•
The enclose	d Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please retur	n all corresponde	nce concerning this matter	to the following:	
		Robert	M. Ilion Name of Person	
		Click	Engage Med Firm/Company	Lia CLC.
		4337 U	Norcester Ro	<u></u>
			Address	
		5a raso Ta	FL. 3423.	<u>/</u>
			City/State and Zip Code	
	-	allstarmedia E-mail address: (32 (9 9mail-co.	eport notification)
For further	information conc	erning this matter, please ca	all:	
	Pic	. / .	94//	228-142
	Name of Per	rson	at (<u>777</u>) Area Code	228 - 6493 Daytime Telephone Number
Enclosed is	a check for the fo	ollowing amount:		
≥ \$25.00	Filing Fee 【	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &

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

Click Engage 1	Media LLC	<u> </u>	2.	19:04 Aii 9:04
Click Engage (Name of the Limited	<u>Liability Company a</u> Florida Limited Liabi	s it now appea lity Company)	<u>rs on our records.</u>)	
The Articles of Organization for this Limited Liab	oility Company we	re filed on	9/23/19	and assigned
Florida document number <u>L/9000 2395</u>			,	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company h	ere:	
The new name must be distinguishable and contain the wor	•	•		
Enter new principal offices address, if applical	ble:	4337	Worcester	Rd 34231
(Principal office address MUST BE A STREET	ADDRESS) _	Saras	Ta , F1.	34231
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u> _	4337 Suras	Worcaste	7 Pd. 34231
B. If amending the registered agent and/or the new registered offi	ce address here:			
Name of New Registered Agent:	Robert	Million	 -	
Name of New Registered Agent: New Registered Office Address:	4337	Morces Enter Flo	ter Rd orida street address	
	Sarasota		, Florida	34231 Zip Code
		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

Robert 2/. Mill

. 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>	Address	Type of Action
MGR	Paul Srryhas	4030 S. Mark Dr.	
		Sarasota, FL. 34232	Remove
			☐ Change
AMBR	Robert Million	4337 Worester Rd	X Add
		Sarasota, FL. 34231	Remove
			Change
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			□ Change

i amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
`an effe <u>Vote:</u> I	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
e reco	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.
ated _	November 13, 2019.
	Robert 21. M. M. Signature of a member or authorized representative of a member
	ROBERT H. MILLION Typed or printed name of signee

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Filing Fee: \$25.00