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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT: AT	LAS MEDIA DUT	DOOR.LLC	
SUBSECT	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	,		
	ANTHO	DNY LARGURA	
	- morni	Name of Person	-
	ATI AC	MENIA NENDOR	1 <i>C</i>
	<u> </u>	MEDIA OUT DOOR, L. Firm/Company	
	7 11 - 0 0		
	342 CA	THCART AVE Address	
	ORLY	INDU, FL 32803	
	To MA OTHER	City/State and Zip Code	
	10NY (QAT VAS E-mail address: (HEDIAOUTDOOK COM to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
ANTHONY	LARGURA	at (904) 993 - 9	8669
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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		Street Address:	••
Registration Se Division of Co		Registration Sec Division of Corp	
P.O. Box 6327	7	The Centre of Ta	allahassee
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLAS MEDIA OUTDOX		·	10. 10.
(Name of the Limited Liability Comp (A Florida Limited	lany as it now appea Liability Company)	irs on our records.)	,
The Articles of Organization for this Limited Liability Compan Florida document number <u>L200008518</u>	y were filed on _	03/24/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" or the abb	reviation "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)			
grammy dameds 1.717 SS X 1 CS X CT 1 CS SC X			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our i	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		·	
New Registered Office Address:			
New Registered Office Address.	Enter Flo	orida street address	
	, Florida		
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	•	
I hereby accept the appointment as registered agent and ag			
provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as		-	

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>	Address	Type of Action
MGR	GABRIELA LARGURA	3412 CATHCART AVE. OPLANDO, FL 32803	tvAdd
			□Remove
			🗆 Change
			□Add
			🗆 Remove
			Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□ Change

(If an e Note	fleetive date, if other than the date of filing:
ne reco	ord 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 filed.
Date	MAY 25th 2020
	The beauty
	Sixture of marker destroyed engagementation of a marker
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member