LZO 000 107609

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(Document Number)
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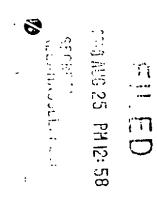
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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
GRUPO DE SUBJECT:	MEDIOS EXTRA	•	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	CLAUDIO ALBERTO JIN	MENEZ	
	Claudie	Name of Person Firm/Company	
	10822 ROYAL PALM BL	VD	
		Address	
	CORAL SPRINGS 33065		
		City/State and Zip Code	
	GRUPODEMEDIOSEXTR	•	
For further information co	E-mail address: () oncerning this matter, please ca	to be used for future annual report not all:	ification)
CLAUDIO ALBERTO JI		954 696-7785 at ()	
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	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:	andia m
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	•
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TYM AUG 25 PM 12: 58 GRUPO DE MEDIOS EXTRA : L_L (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 Florida document number L20000107609 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: STALYN JACOB CIRIACO Name of New Registered Agent: 10822 ROYAL PALM BLVD New Registered Office Address: Enter Florida street address , Florida 33065
Zip Code **CORAL SPINGS** City

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.

f 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
AR	CLAUDIO ALBERTO JIMENEZ	10822 ROYAL PALM BLVD 33065 CORAL SPRING	(_ □ Add
			_ ≅ Remove
			□Change
AR	STALYN JACOB CIRIACO	10822 ROYAL PALM BLVD 33065 CORAL SPRING	C _ ■Add
			Remove
			_ □Change
	····		_ 🗆 Add
			_ 🗆 Remove
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DCL

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