

. <u></u>
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

	tegistration Se Division of Cor			
		ntent and Media Advisors, LLC		
SUBJEC [*]		Name of Limi	ted Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ren	um all correspo	indence concerning this matter	to the following:	
		JUAN P CORONA		
			Name of Person	
		CORONA CONTENT AN	D MEDIA ADVISORS, LLC	
			Firm/Company	····
		1401 SOROLLA AVE		
			Address	
		CORAL GABLES, FL		
			City/State and Zip Code	
		jpablocoronai@gmail.com		
		•	to be used for future annual report noti	incation)
For furthe	r information c	oncerning this matter, please ca	all:	
JUAN P (CORONA		305 7988248 at ()	
	Name o	f Person		ne Telephone Number
Enclosed:	is a check for th	ne following amount:		
■ \$25.0	0 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORONA CONTENT AND MEDIA ADVISORS, 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 Co	ompany were filed on 6/8/2020	and assigned
Florida document number L20000156800	- •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
AMBIDEXTROUS MEDIA, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		62
B. If amending the registered agent and/or registered	office address on our records, ente	્રિં er the name of the new registere
agent and/or the new registered office address here:		
		2
Name of New Registered Agent:		29
New Registered Office Address:		
	Enter Florida street addi	ress
		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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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