

170 000 210903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

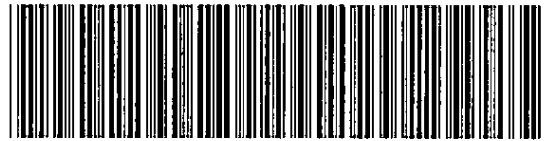
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/24/20

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

12B COMPANY, 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 07/20/2020 and assigned Florida document number 120000210903.

This amendment is submitted to amend the following:

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

LOQUI MEDIA COMPANY, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

888 BISCAYNE BLVD. UNIT 1104

MIAMI, FL 33132

888 BISCAYNE BLVD. UNIT 1104

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

BRIAN A. CONCEPCION, ESQ.

New Registered Office Address:

888 BISCAYNE BLVD. UNIT 1104

Enter Florida street address

MIAMI

City

Florida

33132

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>
AMBR	Jacqueline Marie Nelson	8260 SW 114th Street	<input type="checkbox"/> Add
		Miami, Fl 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian A. Concepcion	888 Biscayne Blvd. Unit 1104	<input type="checkbox"/> Add
		Miami, Fl 33132	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jason Ghirhovsky	888 Biscayne Blvd. Unit 1104	<input type="checkbox"/> Add
		Miami, Fl 33132	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Karina Harduvel	888 Biscayne Blvd. Unit 1104	<input checked="" type="checkbox"/> Add
		Miami, Fl 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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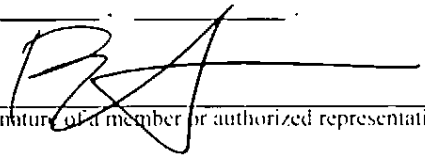
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

September 2 2020
Dated _____



Signature of a member or authorized representative of a member

Brian A. Concepcion

Typed or printed name of signee