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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Business Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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22 AFR 18 AM 9: 53

T. MATTHEWS MAY 25 2022

## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO:           | Registration Se<br>Division of Cor |   |  |                                   |  |
|---------------|------------------------------------|---|--|-----------------------------------|--|
| CHB III       | CI MEDIA                           |   |  |                                   |  |
| SUBJE         | CT:                                | Name of Lim                                     | ited Liability Company   |                                   |  |
| The encl      | losed Articles of                  | Amendment and fee(s) are sub                    | mitted for filing.   |                                   |  |
| Please re     | eturn all correspo                 | ondence concerning this matter                  | to the following:  |                                   |  |
|               |                                    | JUAN C BOHORQUEZ V                              | /ALENCIA   |                                   |  |
|               |                                    |   | Name of Person   |                                   |  |
|               |                                    | CLMEDIA LLC                                     |  |                                   |  |
|               |                                    |   | Firm/Company   |                                   | <del></del>  |
|               |                                    | 11348 SW 233RD ST                               |  |                                   |  |
|               |                                    |   | Address  |                                   |  |
|               |                                    | HOMESTEAD, FL 33032                             |  |                                   |  |
|               |                                    |   | City/State and Zip Code  | ÷                                 |  |
|               |                                    | INFO@CIMEDIALLC.CO  E-mail address: (           | M<br>to be used for future annu:                                 | il report notification)           | <del></del>  |
| For furth     | ner information c                  | concerning this matter, please c                |  | •                                 |  |
| JUAN C        | BOHORQUEZ                          | . VALENCIA                                      |  | 83-5499                           |  |
|               | Name o                             | f Person  | at ()<br>Area Code   | Daytime Telephone i               | Number   |
| Enclosed      | d is a check for the               | he following amount:                            |  |                                   |  |
| <b>■</b> \$25 | .00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is ea | nclosed) Co                       | 0.00 Filing Fee,<br>ertificate of Status &<br>ertified Copy<br>dditional copy is enclosed) |
|               | Mailing Address                    |   |  | Address:                          |  |
|               | Registration S<br>Division of C    |   | <del>-</del>   | ration Section on of Corporations |  |
|               | P.O. Box 632                       |   |  | entre of Tallahassee              |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION SECRETARY OF STATE OF OF

22 APR 18 AM 9: 53

| CI MEDIA LLC  |  |   |                                |
|---|--|---|--------------------------------|
| (Name of the Lim  | ited Liability Compa<br>(A Florida Limited | iny as it now appears on our record<br>Liability Company) | <u>s.</u> )                    |
| The Articles of Organization for this Limited I Florida document number L21000045727  | Liability Company                          | were filed on 01/25/2021                                  | and assigned                   |
| This amendment is submitted to amend the fol  | lowing;                                    |   |                                |
| A. If amending name, enter the new name o   | of the limited liah                        | ility company here:                                       |                                |
|   |  |   |                                |
| The new name must be distinguishable and contain the  | words "Limited Liabi                       | fity Company," the designation "LLC"                      | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli   | cable:                                     | 2222 PONCE DE LEON BLVI                                   | )                              |
| (Principal office address MUST BE A STREET ADDRESS)   |  | SUITE 300   |                                |
|   |  | MIAMI, FL 33134   |                                |
| Enter new mailing address, if applicable:   |  | 2222 PONCE DE LEON BLVI                                   | )                              |
| Mailing address MAY BE A POST OFFICE  | BOX)                                       | SUITE 300   |                                |
|   | <u>_</u>                                   | MIAMI, FL 33134   |                                |
| B. If amending the registered agent and/or agent and/or the new registered office addressed agent.  Name of New Registered Agent: |  |   | the name of the new registe    |
| Name Designed at OSC 1981   | 2222 PONCE I                               | DE LEON BLVD SUITE 300                                    |                                |
| New Registered Office Address:  |  | Enter Florida street address                              |                                |
|   | MIAMI                                      | , Flo   | orida <sup>33134</sup>         |
|   |  | 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

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 |
|--------------|----------------------------|-------------------------|----------------|
| MGRM         | Bohorquez Valencia, Juan C | 11348 SW 233rd ST       |                |
|              |                            | HOMESTEAD, FL 33032     | ■Remove        |
|              |                            |                         | □Change        |
| MGRM         | ARBOLEDA. DAVID            | 2222 PONCE DE LEON BLVD | <b>≣</b> Add   |
|              |                            | SUITE 300               | □Remove        |
|              |                            | MIAMI, FL 33134         | □Change        |
| -            |                            |                         |                |
|              |                            |                         | □Remove        |
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| Effective date, if other than the date of filing:  (aptional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or smore than 90 days after filing.) Pursuant to 605.02  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  Procord 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 distilled.  Dated  APRIL 13  Signature of a manber or authorized representative of a member  | d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fate on the Department of State's records.  ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the | _                       |   |
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|   | 2022  |                         |   |
| Signature of a member or authorized representative of a member  |   | ated .                  |   |
|   | Signature of a member or authorized representative of a member  |                         | Signature of a member or authorized representative of a member  |

Filing Fee: \$25.00