

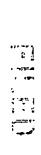
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Certified Copies	_ Certificates	of Status
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## COVER LETTER

TO:

Registration Section

Division of Co	rporations			
	ONSMEDIALLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
r lease return an correspo	ondence concerning this matter	to the following.		
	AIDAN DANIEL GONZA	ALEZ		
	Name of Person			
	REALVISIONSMEDIAL	LC	~1	
		Firm/Company		
	5855 SW 60th St Miami, F	FL 33143 United States .	2024 HAR III AM 10: 07 SEGRETARY SEE S. FL	
		Address	- F2 -	
	Miami, Florida, 33143		199 E 0	
		City/State and Zip Code	75 0	
	aidan@realvisionsmedia.co		···	
		to be used for future annual report not	ilication)	
For further information c	oncerning this matter, please of	all:		
Aidan Daniel Gonzalez		305 6132826		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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:  Registration Section  Division of Corporations		<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 632 Tallahassee, I		The Centre of ' 2415 N. Monro Tallahassee, FI	e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALVISIONSMEDIALLC		<del></del>	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company lorida document number 1.23000522982	were filed on 11-20-23	and assigned	
his amendment is submitted to amend the following:			
If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."	
nter new principal offices address, if applicable:	5855 SW 60th St Miami, FL 33143 Unite	ed States	
Principal office address MUST BE A STREET ADDRESS)	G-	20/1	
	[22]	70 TH T	
	>> =	20	
nter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •	57: 	1 =	
Aailing address MAY BE A POST OFFICE BOX)	<del></del>	<del></del>	
		<u> </u>	
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new regis	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, 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
AMBR	HAVANA OTHON	7060 NW 177TH ST, APT209 HIALEAH, FL 33015	U □Add
			_ ■Remove
			_ Change
AMBR	CRISTINA PLINIO	950 SW 57TH AVE, APT 545 MIAMI, FL 33144 US	□Add
			_ <b>=</b> Remove
		SECR TAL	Change
		LL/HASS	
			□ <b>`-</b> -*
			□Add
			□ Remove
			_ Change
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			_ 🗆 Add
			_ □Remove
			Change

3 . TE .

Typed or printed name of signee