

10/18/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H190003100763ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VERIFONE MEDIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2019 OCT 18 2:13 PM EDT

2019 OCT 18 AM 9:19

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: VERIFONE MEDIA, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M06000002810

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/08/2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CURB MEDIA, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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 Changing Registered Agent, Signature of New Registered Agent

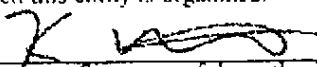
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Amos Tamam	11-11 34th Avenue	<input checked="" type="checkbox"/> Add
		Long Island City, NY 11106	<input type="checkbox"/> Remove
VP	Avi Itzhakov	11-11 34th Avenue	<input checked="" type="checkbox"/> Add
		Long Island City, NY 11106	<input type="checkbox"/> Remove
VP	Richard Starr	11-11 34th Avenue	<input checked="" type="checkbox"/> Add
		Long Island City, NY 11106	<input type="checkbox"/> Remove
VP	Kevin A. Malcolm	11-11 34th Avenue	<input checked="" type="checkbox"/> Add
		Long Island City, NY 11106	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2019 OCT 18 AM 9:03

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Kevin A. Malcolm

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "VERIFONE MEDIA, LLC",
CHANGING ITS NAME FROM "VERIFONE MEDIA, LLC" TO "CURB MEDIA,
LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF DECEMBER,
A.D. 2017, AT 6:27 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:27 PM 12/14/2017
FILED 06:27 PM 12/14/2017
SR 20177586454 FDeNumber 2911771

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF FORMATION

OF

VeriFone Media, LLC

VeriFone Media, LLC (hereinafter called the "Company"), a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act (6 Del. C. 18-101 et seq.), does hereby certify that:

1. The name of the Company is VeriFone Media, LLC.
2. The Certificate of Formation of the Company is hereby amended by striking out Article I and by substituting in lieu of said Article I the following new Article:

"I.

NAME

The name of this limited liability company is: CURB MEDIA, LLC."

Executed on this 14th day of December, 2017.

/s/ Farhaad Chanduwadia
Farhaad Chanduwadia, Authorized Person