M14000001507

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Centified Copies	Certificates of Status
Special Instructions to	Filing Officer:
_	
# 12 12 12 12 12 12 12 12 12 12 12 12 12	Office Use Only
23 AM	



100304775401

10/24/17--01018--011 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Exact Match Media,	
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Gary Romer, Esq.	
Name of Person	-
Lewis Brisbois	
Firm/Company	
110 SE 6 Street, Suite 2600	
Address	
Fort Lauderdale, Florida 333	01
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pl	ease call:
Gary Romer	, 828-0366
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\Bigsim \mathbb{\text{\$25}} \text{ Filing Fee} \Bigsim \mathbb{\text{\$30}} \text{ Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	• •

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

SECTION 1 (1-4 must be completed)

Enter new principal office address, if applicable:		<u> </u>
		ें ह
(Principal office address MUST BE A STREET ADDRESS)		da Department of
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		٠.
2. The Florida document number of this limited liabilit	ty company is: M140	00001507
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: March	n 6. 2014	,
SECTION II (5-9 complete only the applicable char		
5. New name of the limited liability company; UpH	lold, LLC	
(intest con	ntain 'Limited Liability	Company, "'L.L.C.," or "LLC."
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managinust contain "Limited Liability Company," "L.L.C." of	ing members adopting th	ng business in Florida and attach is alternate name. The alternate name
6. If amending the registered agent and/or registered of	fficer address on our recess here:	ords, enter the name of the new
registered agent and/or the new registered office addre		
		······································
Name of New Registered Agent:		
		orida Street Address

the provisions of all statutes relative to the proper and complete performance of my duties, and I um sumiliar 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 the amendment of	changes person, title or capacity in accor	dance with 605.0502 (1)(e), indicate that	change:
le/ Capacity	Name	Address	Type of Action
			Remove
			17 0C
			71 00 C
			Add
			Remove
		_	Add
			Remove
			Add
			Remove
forementioned w	ficate, if required: no more than 90 day mendment(s), duly authenticated by the the law of which this entity is organize	e official having custody of records in th	e
	0.9R		
	Signature of the	authorized representative	

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 "EXACT MATCH MEDIA, LLC", CHANGING ITS NAME FROM "EXACT MATCH MEDIA, LLC" TO "UTHOLD LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2017, AT 12:22 O'CLOCK P.M.

Authentication: 203251323 Date: 09-19-17

5259113 8100 SR# 20176181587

You may verify this certificate online at corp. delaware. gov/authver.shiml

* State of Delmane*
Secretary of State
Dickins of Cooperations
Delivered 12:22 PM 09/15/2017
FILED 12:22 PM 09/15/2017
SR 20176181587 - File Number 5259113

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	of Pormation of the limited liability company is hereby a
as follows:	
Section 1 e read as fol the blick.	infittled Name of the L.L.C. is amended lows: "Kame of the L.L.C The name is :UpHold LLC"
	VIIEREOF, the undersigned have executed this Certific
IN WITNESS V	WHEREOF, the undersigned have executed this Certific day of September, A.D. 201
	·
	·