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COVER LETTER

| то: | Registration Section Division of Corporations | | | |
|--------|--|------------------|-----------------|-------|
| SUBJI | CT: CONEY WES CRISTIANAS, UCName of Limited Liability Company | | | |
| The en | losed Articles of Amendment and fee(s) are submitted for filing. | | | |
| Please | eturn all correspondence concerning this matter to the following: | | | |
| - | Ramon Reefes Name of Person Ramon Reefes P.A. Firm/Company Str. SO35 Palm Avenue Address Haleah, FL 33013 City/State and Zip Code | | | |
| | E-mail address: (to be used for loture annual report notification) | | | |
| | her information concerning this matter, please call: Composition Co | ALASSE ALASSE | 2014 APR - 9 PM | |
| | .00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co | Fee Status & | (| van I |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CONEKIONES CI | LISTIANAS, LLC | |
|---|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | iy as it now appears on our records.) iability Company) | , |
| Florida document number | were filed on 11. 01. 9004 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| CEREBRO TV. LLC | $\frac{\partial \hat{\mathbf{p}}_{i}}{\partial t} = \frac{1}{2} \left(\frac{1}{2} \frac{\hat{\mathbf{p}}_{i}}{\partial t} \right)$ | |
| The new name must be distinguishable and end with the words "Limited Liabi | lity Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices 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) | | |
| | | |
| B. If amending the registered agent and/or registered offeegistered agent and/or the new registered office address here | | er the name of the new |
| | | 12m 2 |
| - Name of New Registered Agent: | | 2-15 |
| New Registered Office Address: | | 200 P |
| | Enter Florida street address | 9 |
| | , Florida | ZiprCode |
| New Registered Agent's Signature, if changing Registered Agent: | Спу | |
| ton registered Agent a Signature, it 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

| , | | |
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| | an the date of filing: ific, cannot be prior to date of receipt or filed date and ca | (optional) |
| date this document is filed b | by the Florida Department of State) 4h , 2014 | mor oc more than 20 days uner |
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| e effective date must be specified that this document is filed that the document is filed that the document is filed that the document is filed to | Signature of a member or authorized represent | |
| late this document is filed b | by the Florida Department of State) Hh , D14 . | |

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