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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAGIC BROADCASTING FLORIDA LICENSING, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephanie Gibson Name of Person
MAGIC BROADCASTING, LLC Firm/Company
1106 LAIRD ST, STE 102
PANAMA CLY BEACH, FL 32408 City/State and Zip Code Silvson@ magic broad casting net E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Gibson at (850, 230 - 5655 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\$ \$60.00 Filing Fee, \text{Certified Copy} (additional copy is enclosed)}\$\$

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

MAGIC BROADCAS	TING FLORIDA LICENSING	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	•	
	-1 · 1 ·		
The Articles of Organization for this Limited Liability		and assigned	
Florida document number <u>L050002197</u>	<u>1</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "I	LC" or the abbreviation	
"L.L.C."	, , , , , , , , , , , , , , , , , , ,	<u>□</u>	
Enter new principal offices address, if applicable:		SEI Vis	
(Principal office address MUST BE A STREET ADD	(RESS)		
Trincipal Office autress MOST BE A STREET ADD	NESS)	27 年 27	
		P	
v			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		he name of the new	
registered agent unity of the new registered office ad-	aress note .		
Name of New Registered Agent:			
Name of New Registered Agent.	.		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Citv	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Address** Type of Action <u>Name</u> McCoy, DONALD G. MGR 7106 LAIRD ST. STE 102 Remove MAGIC BROADCASTING, LLC MGR 🗖 Add Remove Remove Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00