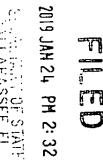
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C. GOLDEN

JAN 3 0 2019

## **COVER LETTER**

	Registration Sec Division of Corp					
		305 Broadcast, LLC				
SUBJEC	CT:	Name of Limi	ited Liability Company			
The encl	osed Articles of z	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspoi	ndence concerning this matter	to the following:			
		David Hatton				
			Name of Person	<u> </u>		
		David L Hatton PA				
			Firm/Company			
		2960 Wentworth				
		<del></del>	Address			
		Weston, Florida 33332				
		City/State and Zip Code				
		dhatton@hattonlaw.com				
		E-mail address: (t	to be used for future annual report notific	cation)		
For furth	er information co	oncerning this matter, please co	all:			
David F	latton		786 373-8899 at ()			
-	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	e 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:

TO:

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

FILED

2019 JAN 24 PM 2: 32

305 Broadcast,				
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	TALLAHASSEE, FL		
The Articles of Organization for this Limited Liability Company v	vere filed on01/19/2007	and assigned		
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
Elenos Group LATAM, LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		_ <del></del>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	-			
B. If amending the registered agent and/or registered off		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			
<del></del>	, Florid	da Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I haraby grount the appointment as parietared agent and agree	a to got in this canacity. I forth	ar aurea to comply with the		

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Remove
			Change
	<u> </u>		
			☐ Remove
			O Add
			□ Remove
			Change
			Remove
			Change
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an effec lote: If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.	r of
ated	JANUARY 18, 2019.	
u		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00