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EXAMINER

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COVER LETTER

TO: Registration Section of Con	ection rporations		
SUBJECT: <u>Hispa</u>	nic <u>Network Grou</u> Name of Limi	O LLC ted Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	<u> </u>	
	Marce.	lo S.MMedeiros Name of Person	
	Hispan	nic Network Group LLC Firm/Company	——————————————————————————————————————
	2100 Ponce De	E Leon Blvd., Suite 10 Address	2010 JUN -4 PM 3: 43 SCENATION OF SIME ALLEANASSEE, FEORID
		Florida 33134 City/State and Zip Code Lanetworks.net to be used for future annual report notificati	
For further information of	E-mail address: (concerning this matter, please of		on)
	Skola, Esq. of Person	at (305) 577-3988 Area Code & Daytime Te	lephone Number
Enclosed is a check for t	the 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Hispanic Network (Name of the Limited	x Group LLC ability Company as it now apported Limited Liability Compan	pears on our records.) y)	
The Articles of Organization for this Limited Liabi	• •	6/11/2007	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Con	mpany," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	25ml 1-1 61 1-1 61	2910
(Principal office address MUST BE A STREET)	ADDRESS)	20 Per 20	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	E CONTROL OF THE CONT	
B. If amending the registered agent and/or registered agent and/or the new registered offic		on our records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:	Marcelo S. Medei	. ros	
New Registered Office Address:	2100 Ponce De Le	eon Blvd., Ste Enter Florida street add	
	Coral Gables City	, Florida	33134 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Marcelo S. Medeiros	2100 Ponce De Leon Blvd. Suite 1010 Coral Gables, FL 33134	Add Remove
MGRM	Margot Bradley	2100 Ponce De Leon Blvd, Suite 1010 Coral Gables, FL 33134	Add Remove
MGRM	Rafael Monteiro	2100 Ponce De Leon Blvd. Suite 1010 Coral Gables, FL 33134	Add ∏ Remove
			Add Remove
			Add Remove
			Send Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	R Si Es
_			_ _
Dated	June 2 , 201	ula Hours	·
	- 1	r or authorized representative of a member	
	Marcelo S. M	dor printed name of signee	

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Filing Fee: \$25.00