L08000089046

| | Requestor's Name) |
|----------------------|-------------------------|
| (| Address) |
| | Address) |
| | City/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| | Business Entity Name) |
| | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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SECRETARY OF STATE

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JUL 1 5 2018

COVER LETTER

| | Registration Division of C | Section Corporations | | |
|----------------|-------------------------------|---|---|--|
| O LIES ERV | Martino | Media Group, LLC | | |
| SUBJEC | JT: | Name of Limi | ited Liability Company | |
| The encl | osed Articles | of Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all corre | spondence concerning this matter | to the following: | |
| | | Michael Martino | | |
| | | | Name of Person | · |
| | | Martino Media Group, LL | .C | |
| | | | Firm/Company | · |
| | | 9957 Antilles Drive | | |
| | | | Address | |
| | | Seminle, FL 33776 | | |
| | | | City/State and Zip Code | |
| | | mike.martino@martinome | - · | |
| | | | to be used for future annual report notif | ication) |
| For furth | ner informatio | on concerning this matter, please ca | all: | |
| Michael | l Martino | | 727 453-1466 | |
| | Nar | ne of Person | at () Area Code Daytime | : Telephone Number |
| Enclosed | f is a check fo | or 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) |

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

| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records.) d Liability Company) | |
|---|--|--------------|
| The Articles of Organization for this Limited Liability Compan | ny were filed on and assi | gned |
| florida document number | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited lia | ability company here: | |
| he new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "L.I.C" or the abbreviation "L.I. | C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | _ |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered egistered agent and/or the new registered office address be | office address on our records, enter the name of the series | THE D of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florida | |
| | City Zin 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 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, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|----------------------|-------------------|
| AMBR | Patrick Michael Martino | 9957 Antuilles Drive | ∃ Add |
| | | Seminole, FL 33776 | □ Remove |
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| ffective date, if other tha | n the data of fili | ina: | | (anti | onal) | |
| an effective date is listed, the da | de must be specific a | and cannot be prior | to date of filing or me | ore than 90 days afte | r filing.) Pursuant to 605. | .020 |
| ote: If the date inserted in ocument's effective date on | | | | requirements, thi | s date will not be liste | ed a |
| | | | | | | |
| e record specifies a de The 90th day after th | | | t an effective ti | me, at 12:01 | a.m. on the earlie | er (|
| ated | | 2018 | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00