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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065

Phone : (954) \$25-7500

Fax Number : (954)761-8475

08 DEC 22 PH 4: 23

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## LICENSE HOLDINGS, LLC

Certificate of Status		0
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Page Count	7	02
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S. HAWKES

DEU 2 3 2008

**EXAMINER** 

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## ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

LICENSE HOLDINGS, LLC (Name of the Limited Liability Company as if now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/21/2008 and assigned Florida document number L08000098796 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 office address on our records, 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) Florida (City)

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.

New Registered Agent's Signature, If changing Registered Agent:

(If Changing Registered Agent, Signature of New Registered Agent)

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If amending t	he Managers or Managlug Members of Member being added or removed from	n our records:	, enter the title, name, and addr	ess of each Manager
MGR = Mana MGRM = Ma	ger naging Member			
Title	Name	Address		Type of Action
MGR	MICHAEL S. EGAN	110 EAST F	ROWARD BLVD., SUITE 1400 DERDALE, FL 33301	Add Remove
				Add Remove O
				Add Remove
				Add Remove
				Add Remove
			Na	Add Remove
D. If amending	g any other information, enter change(s	) here: (Attac	h additional sheets, if necessary.)	-
				·
	12112108			
	Signature of a member op	authorized jes	resentative of a member	· 
	MICHAEL'S, EGAN, MANA	GER	frigner	
		Page 2 of 2	, arguet	•

Filing Fee: \$25.00