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T. HAMPTOR.

COVER LETTER

TO: Registration Sector Division of Corp		•	
SUBJECT:	Hispanivision	n TV IIC	
Sobsect.		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
	mendment and fee(s) are sub-	-	
	Angel Riv	era / Leidis Bec	doya
	Hispan	ivision TV LLC	•
	<u> </u>	Firm/Company	****
	1555 Semo	oran Blud Suite	- 1021 C.
	Winter Po	MLFL 32792.	
	Fpinsurani	City/State and Zip Code CLO gmoil Com to be used for future annual report notifica	tion)
For further information co	ncerning this matter, please ea	•	,,,,
leids 4		at (404) 557. 51 Area Code Daytime To	145
Name of	Person	Area Code Daytime To	elephone Number
Enclosed is a check for the			
\$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

Sovings TNR, LL	- T)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01 - 23 - 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liahi Hispanivision TV LLC	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6490 Hazelfine National Dr
(Principal office address MUST BE A STREET ADDRESS)	Suite 135 Oilando FL 32822.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1555 Semoran Blvd Svile 10210 Winter Park FL 32792.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 6490 \	Jazelfine National Dr Svile135 OFL Enter Florida street address OFL 32822
O IL CINC	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Angel Rivera	4939 Sweet Cedar Cir	Add
	J	4939 Sweet Cedar Cir Orlando FL 3282	9 □ Remove
			["] A.J.J
			Add
			□ Remove
			Add
			Remove
			23 7 23 7 7 Adding 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			Adel 2: FLORE FLORE
			DE -
			□ Add
			□ Remove
			🗆 Add
			□ Remove

Dlf a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Addition to EIN to Angel Zivera and Leidis Bedoya.
	61-1590516.
(The	ective date, if other than the date of filing: 3-16-15 (optional) described date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	ed 3-16-15;
	Signature of a member or authorized representative of a member
	Angel Riveral Leidis Y. Bedoga. Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE