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SEP 2 9 203 A BRUCE TO: Registration Section -**Division of Corporations** Florida Broadcasting Group, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen H. Wilson Name of Person Florida Broadcasting Group, LLC Firm/Company 3634 Shellie Court Address Cocoa, FL 32926 City/State and Zip Code shwilson8@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 720-2925 Stephen H. Wilson Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Broadcasting Group, LLC			
(<u>Name of the Limited</u>	Liability Compar Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Lia Florida document number L09000026222			and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	3634 Shellie Court	
(Principal office address MUST BE A STREET		Cocoa, FL 32926	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	3634 Shellie Court Cocoa, FL 32926	
B. If amending the registered agent and/o registered agent and/or the new registered offi			-
Name of New Registered Agent:	Stephen H. Wil	son	2015
New Registered Office Address:	3634 Shellie Co	ourt Enter Florida street address	SEP 20
	Cocoa	, Flori	ida 32926 D
New Registered Agent's Signature, if changing Re	egistered Agent:	Sily	i: 29

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 Ragistered 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
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er o
ated	September 22, 2015.	
	September 22, 2015. Signature of a member or authorized representative of a member	
	Stephen H. Wilson	
	MEDICE II. WHOU	

Page 3 of 3

Filing Fee: \$25.00