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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE

· COVER LETTER

| TO; Registration Section Division of Corporations | | | | | | |
|---|-----------------------|--|---|--|--|--|
| SUBJE | CT: | BAIG - FM | LLC. | | | |
| | | Name of Lim | ited Liability Company | | | |
| The end | closed Articles of A | Amendment and fee(s) are su | bmitted for filing. | | | |
| Please 1 | return all correspon | idence concerning this matter | r to the following: | | | |
| | | R | ich locker | | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · | | |
| | | BAIG-FM LLC. Firm/Company | | | | |
| | | 1198 | 83 N Tamiami Address | Trail # 134 | | |
| | | | | | | |
| | | E-mail address: (| City/State and Zip Code Locher. higals @ o to be used for future annual report notified | mail. Com | | |
| For furt | her information co | ncerning this matter, please of | | | | |
| | | Locker | at (<u>139</u>) <u>687</u> - | 3931 | | |
| | Name of | rerson | Area Code & Daytime I | elephone Number | | |
| Enclose | ed is a check for the | e 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

FILED
D9 SEP 14 AMIL: 23

| | G-FM, LLC. | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|--|---|---|
| (<u>Name of the Limited L</u> (A F | iability Company as it now appea lorida Limited Liability Company) | rs on our records.) |
| The Articles of Organization for this Limited Liab | oility Company were filed on <u>J</u> | uly 23, 2009 and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company her | <u>'e</u> : |
| The new name must be distinguishable and end with 'L.L.C." | the words "Limited Liability Compa | any," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicab | ole: | |
| Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | our records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | En | ter Florida street address |
| | | , Florida Zip Code |
| | City | Zip 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Stephen J. Karalloska MGR ☐ Add Remove Bill Karakosta MGR 201 SE 28th Terrace Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 9 Signature of a member or authorized representative of a member Stephen T. Karallosta Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00