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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT ☐ MAIL						
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COVER LETTER

10;	Division of Corp		<i>*</i>		
SUBJE	CT·	Α	EM, LLC [!]		
SOBJE	C1.		ted Liability Company		
The enc	losed Articles of A	mendment and fee(s) are sub	omitted for filing.	O	
Please re	eturn all correspon	dence concerning this matter	to the following:	A RECEIVED	
-			Eric Sean Kennedy Name of Person		
			FlipFlop Media, LLC	12 MR 31 64 3: 38	
			Firm/Company		
4237 Salisbury Road North - Building 2, Suite #209					
			Address		
		Jack	ksonville, Florida 32216 City/State and Zip Code		
		eri	c@flipflop-media.com		
		E-mail address: (1	to be used for future annual report noti	fication)	
For furtl	her information co	ncerning this matter, please c	all:		
Eric Sean Kennedy Name of Person		at (904) Area Code & Daytin	551-2409 ne Telephone Number		
Enclose	d is a check for the	following amount:			
7 \$25.0	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/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Contact Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	AEM, I Liability Compa A Florida Limited I	LLC ny as it now appears of Liability Company)	on our records.)	3 To 10 To 1				
ne Articles of Organization for this Limited Liability Company were filed on <u>August 23, 2010</u> and assigned orida document number <u>L10000088762</u> .								
This amendment is submitted to amend the following	owing:							
A. If amending name, enter the new name o	f the limited liab	ility company here:						
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company	," the designation "L	LC" or the abbreviation				
Enter new principal offices address, if applic	4237 Salisbury Road North							
(Principal office address MUST BE A STREET ADDRESS)		Building 2, Suite #209						
		Jacksonville, F	lorida 32216					
Enter new mailing address, if applicable:	4237 Salisbury Road North							
(Mailing address MAY BE A POST OFFICE	Building 2, Suite #209							
	Jacksonville, Florida 32216							
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	r records, <u>enter 1</u>	ne name of the new				
	Eric Sean Kennedy							
New Registered Office Address:	New Registered Office Address: 4237 Salisbury Road North, Building 2 - Suite #209 Enter Florida street address							
	1.							
	J	acksonville City	, Florida	32216 Zip Code				
Naw Dagistared Agent's Signature if changing	Dogistanad Aganti	·						

Agent's Signature, it 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 **Name** Address **Type of Action MGRM** FlipFlop Media, LLC ✓ Add ☐ Remove 4237 Salisbury Road North Building 2, Suite #209 Jacksonville, Florida 32216 MGRM Eric Sean Kennedy 124 Clearlake Drive ☐ Add Ponte Vedra Beach, Florida 32082 MGRM Ann Meyer 8550 Touchton Road _ Add Remove Apt. #236 Jacksonville, Florida, 32216 Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Eric Sean Kenngdy

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee