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EXAMINER



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SECRETARY OF STATE CIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Melody Media Group, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	in Section 1
Please return all correspondence concerning this matter to the following:	2 劉
Kevin M Intyre	NEGRET THE COURT
Melvy Media Grup, LLC	A & 25
2491 Stratford Pointe Dr. Address	
W. Melburne FL 32904 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Kenn Manuel The Code & Daytime Telephone Number Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Solution} \ \ \text{Solution} \ \ \text{Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	↑Status &

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

Melody Medi	a GOUP, LLC	
(Name of the Limited Liab (A Flor	bility Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili Florida document number \(\(\int 10000/058 \)8	ity Company were filed on <u>Oc †</u> 35	. 11, 2010 and assigned to
This amendment is submitted to amend the following	g:	**************************************
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	e words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:	A. 40-40-40-40-40-40-40-40-40-40-40-40-40-4	
New Registered Office Address:	Enter Fl	orida street address
_		, Florida
	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 = Ma MGRM = M	nager Ianaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MbRM</u>	Alison Rickett	Melbourne, FL 32940	Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
Dated	January 17 20	112	
	Signature of a member	or authorized representative of a member	
	Keun J.	or printed name of signer	

Page 2 of 2

Filing Fee: \$25.00