

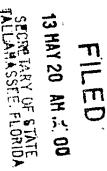
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

degacy Mi	Edia GRECI		
Mame of the Limited Lia (A Flo	ability Company as it now orida Limited Liability Con	v appears on our records.) mpany)	_
The Articles of Organization for this Limited Liabi Florida document number <u>L110003</u>	lity Company were filed	on <u>03/18/2011</u> and	1 assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited liability compa	any here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability	y Company," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	IDDRESS)		
		·	
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		ess on our records, <u>enter the nam</u>	ne of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
-	City	, Florida 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 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 Address** Type of Action Marina CT DAdd Change title and address: 651 NW 38 th circle MAdd Raton Fl 33431 Remove Remove Remove Remove

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ated	May 13, 2013).
	Signature of a member of authorized representative of a member  29(h9(4) 5 60/dberg
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA