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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The LC Media Group, LLC 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:
Lisandra CarballosA Name of Person
PRnthe CITY Firm/Company
1250 Sath Ave #1312
City/State and Zip Code PRO HOCI HU DICLOS COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (355) 988-6799 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \end{align*} \$\$\$ \$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 OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 07 18 2014 and assigned
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C." 1250 South Ave #1312 Miami, Fl. 33130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1250 south Ane#1312 Miami, F1 33130
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	e:
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida
	City Zip Cod 📆 🎋

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 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 Registered 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			□ Change
			□ Add
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			☐ Change

•	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective	e date, if other than the date of filing: (optional)
fan effect Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	·
	Signature of a member of authorized representative of a member
	Typed of printed name of signee
	Page 3 of 3

Filing Fee: \$25.00