## 112000029331

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700307324767

700307324767 01/05/18-01016--007 \*\*25.00

18 JAN - ✓ AM (2: 53)



COVER LETTER

TO: Registration Sect Division of Corpo			
AMFM Hold	ing, LLC		
SUBJECT:	Name of Limi	ted Liability Compan	y
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Fabian P. Berru		
		Name of Perso	n
		Firm/Compan	· ·
	238 Wilshire Blvd. Suite 10		
		Address	
	Casselberry, FL 32707		
		City/State and Zip	Code
	fabianberru@hotmail.com	a be used for future a	nnual report notification)
For further information cor	ncerning this matter, please ca		,
	teering and maker, preuse et	<b>4</b> 07	767-2992
Fabian Berru		at (	)
Name of	Person	Area Cod	Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional cop	py Certificate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Reg Div Cli 260	REET/COURIER ADDRESS: Eistration Section vision of Corporations from Building Executive Center Circle lahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMFM Holding, LLC					
(Name of the Limited Liabilit (A Florida	y Company as Limited Liabili	t now appears on our red y Company)	cords.)		
The Articles of Organization for this Limited Liability Co	ompany were	filed on <u>2/29/2012</u>		and assign	ed
Florida document number L12000029331	<del>_</del> '				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability (	company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Co	mpany," the designation "	LLC" or the abbrev	riation "L.L.C	
Enter new principal offices address, if applicable:					₹
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		· · · · · · · · · · · · · · · · · · ·	<u></u>	SECR ALL A
	-			<del></del>	HAS AS
Enter new mailing address if applicables				3>-	333 170 176
The Articles of Organization for this Limited Liability Florida document number  L12000029331  This amendment is submitted to amend the following  A. If amending name, enter the new name of the li  The new name must be distinguishable and contain the words "I  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET AD  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reregistered agent and/or the new registered office a  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered agent and statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registered in the registered agent in the registered.					ري مينو مينو مينو
(Mailing address MAY BE A POST OFFICE BOX)				<del>۔ ہے۔</del> ای	-5 <u>-5</u>
	_	<u>'</u> İ		<b>~</b>	· •
B. If amending the registered agent and/or registered agent and/or the new registered office additional and the new registered	tered office ress here:	address on our rec	ords, <u>enter the</u>	name of	the new
Name of New Registered Agent:	·		<u>.                                      </u>	· · ·	
New Registered Office Address:				<del></del>	
		Enter Florida street ad	aaress		
		<u></u>	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered		Çity		Zip Cone	
		aget in this canacity	I further agree	to comply	with the
provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete perj gent as prov ed office add	ormance of my dutie. ided for in Chapter 6	s, and I am fam 605, F.S. Or, if i	illiar with a this docume	und
	If Changing	Registered Agent, <u>Signa</u>	ture of New Regist	lered Agent	

Page 1 of 3

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Fabian Berru	238 Wilshire Blvd. Suite 165	
_		Casselberry, Fl. 32707	Remove
			■ Change
			□ Remove
			☐ Remove
			□ Change
<del></del>			
			□ Remove
			Change
<del></del>			
			□ Remove
			☐ Change
			□ Remove
			Change

If ame	nding any other information, enter change(	(s) here: (Att	ach additional sheets, if necessar	v.)	
	•	<del>-                                    </del>			
-		!			
-		<del> </del>		<del></del>	
-		<del></del>	<u> </u>		
_		<u> </u>			
_				<del></del>	
-		···			SECF
-				22 21	AHAS
-					1.13 1.05 1.05 1.05 1.05 1.05 1.05 1.05 1.05
_				- S8 ご: 58	LORID
_		-			**
<u>-</u>					
_					
		· 		<u> </u>	
•		!			
(If an ef Note:	ive date, if other than the date of filing:	ie applicable st	of filing or more than 90 days after filing attitory filing requirements, this date	g.) Pursuant to 605.02	207 (3)( as the
the re o) The	cord specifies a delayed effective date, 90th day after the record is filed.	but not an e	effective time, at 12:01 a.m.	on the earlier	of:
Dated	January 2 201	18			
	Tun)	or authorized r	epiesentative of a member		
	Fabran Berru, Member				
		d or <sub>l</sub> printed nam	e of signee		
		1			
		Page 3 of	3		

Filing Fee: \$25.00