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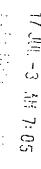
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COVER LETTER

TO: Registration So Division of Cor		•	
YES MEDIA			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charlene Maville		
		Name of Person	
	YES MEDIA GROUP LLC		
		Firm/Company	
	22161 Crofton Ct.		
		Address	
	Boca Raton, Ft. 33428		
		City/State and Zip Code	
	cbmaville@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Charlene Maville		561 7169459 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES MEDIA GROUP LLC		
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
he Articles of Organization for this Limited Liability	v Company were filed on June 5, 2012	and assigned
lorida document numberL12000074696		
lorida document number	·	
his amendment is submitted to amend the following:	:	
. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or repairs. 		nter th <u>e name of the</u>
egistered agent and/or the new registered office a	ddress here:	
		7
Name of New Registered Agent:		
N D 1 1007 A11		cs
New Registered Office Address:	Enter Florida sv eet address	
	rmer r wraa sweet address	
	Florid	a
	City	Zin 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael Maville	22161 Crofton Ct , Boca Raton FL 33428	Add
			■ Remove
			Change
AMBR	Charlene B. Maville	22161 Crofton Ct., Boca Raton, FL 33428	• Add
			Remove
			☐ Change
			Add
			Remove
		-	Change
			Remove
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tive date, if other than ffective date is listed, the date	the date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in the	s block does not meet the applicable statutory	filling requirements, this date will not be listed
nent's effective date on tr	e Department of State's records.	
cord specifies a dela e 90th day after the	yed effective date, but not an effecti record is filed	ive time, at 12:01 a.m. on the earlie
e sour day areer the	record is med.	
June 28	2017	
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Typed or printed name of signce

Filing Fee: \$25.00