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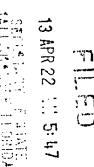
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLEAR 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:

CHRISTOPHER A. DISCHINO, ESQ.

DISCHINO & COMPANY, PUC

1060 BRICKEU AVE, STE 4103

MIAMI, FL 33131

City/State and Zip Code

E-mail address: (to be based for future abunual report notification)

For further information concerning this matter, please call:

CHRIS DISCHINO

Name of Person

at 500 248.9478

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

(Name of the Limited	Liability Comps	any as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited L Florida document number <u>L 13000</u>	iability Company	y were filed on $04 04 20$	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	(the limited liab	<u>bility company here</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company," the designatio	n "LLC" or the abbreviation		
Enter new principal offices address, if applic	able:	1395 BRICKE	LL AVE		
(Principal office address MUST BE A STREE		SUITE 800			
		SUITE 800 MIAMI, FL 3	33131		
Enter new mailing address, if applicable:			·····		
(Mailing address MAY BE A POST OFFICE)	BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered of			er the name of the new		
Name of New Registered Agent:	RICHE	ARD JARDINE	·		
New Registered Office Address:	1395	BRICKELL AVE., Enter Florida street	SUITE 800		
		Florida,			
		City	Zip Code		
New Registered Agent's Signature, if changing F	legistered Agent:	Ŀ			
I hereby accept the appointment as registered the provisions of all statutes relative to the place of the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this company has been notified in writing of this contents.	roper and comp stered agent as _l egiste <mark>red</mark> office	plete performance of my duties, and provided for in Chapter 608, F.S. (I am familiar with and Or, if this document is		
If Changing Registered Agent, Signature of New Registered Agent					
	Page 1	l of 3			

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
			Add		
		-	Remove		
			Add		
			Remove		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
 			Add		
			Remove		

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	APRIL 5 , 2013
	Signature of a member or authorized representative of a member
	RICHARD JARDINE, MANAGER Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00