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SECRETARY OF STATE

K. SALY EXAMINER SEP 11 2013

COVER LETTER

TO: Registration Section Division of Corporation	on rations		
SUBJECT:	HEVA Me	dia Grouf	
	Name of Limite	d Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Richard	C. JACOS	
		Name of Person	
		Firm/Company	
	15704	long Place Au	<u>e </u>
	TAMPA F	L 33624	
	- 111-	City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notification	on)
For further information cond	cerning this matter, please cal	ll:	
Rahad JA Name of Pe	cas	at (<u>813)</u> 675 - 741 Area Code & Daytime Tel	lephone Number
		7.1.02 0000 D Day, IIII 0 10	
Enclosed is a check for the f	4		
\$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

FIE	.ED
13 SEP -9	PM L
SEURE LARY	111 4:44 Ottown

AHITENA	Media Grove, LL	TALLAHASSEE, FLORIDA
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number	 •	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
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		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street address
		, Florida
	City	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 Changing Registered Agent, Signature of New Registered Agent

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** Name **Address Type of Action** MGR Pampa, FL Remove MGR Remove MER Rochaster JACOS ST. MER Korey Jackson TAMPA, FL Remove Add Remove Remove

Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	8-7-2013
	()
	Signature of a member or authorized representative of a member
	Chichard JAcobs
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00