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To:

Division of Corporations

Eax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

**Enter the email address for this business untity to be used for future annual report mailings. Enter only onedemail address please. **

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Emall.	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAKE 5 MEDIA GROUP, LLC

Certificate of Status	0
Certified Copy	1
l'age Count	0.4
Estimated Charge	\$55.00

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Corporate Filing Menu

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K SALY APR 1 7 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 APR 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Take 5 Media Group, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records da Limited Liability Company)	_)
The Articles of Organization for this Limited Liability	Company were filed on February 21, 2014	and assigned
Florida document number L14000030212		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
Petruss Media Group, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· <u> </u>
	<u></u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
Total registered Office Address.	Enter Florida street address	
	. Flo	rida
	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 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) authorize or removed from our records:		ed to manage, enter the title, name, and hildress of each person being added			
MGR = N		18 APR 16 AM 9: 36 SECRETARY OF STATE Address			
Title	<u>Name</u>	Address Address A MAIN STATE	Type of Action		
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			☐ Remove		
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(If an effec <u>Note:</u> If	te date, if other than the cative date is liused, the date must fithe date inserted in this bloomt's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant in 605	.0207 (3)(b)
If the reco	ord specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlie	
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If the reco (b) The 9	ord specifies a delayed 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier is filed.	
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