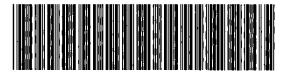
L140000 83854

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: LoneStar 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:

Scott Freiberg

Name of Person

Firm/Company

5295 Town Center Rd Suite 302

Address

Boca Raton, FI 33486

City/State and Zip Code

scott.freiberg6@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Freiberg

_{...}561、271-8869

Name of Person

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

LONESTAT MEDIA GROUP, LLC	ility Company as it now appears on our records)	
(A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L140000833894</u>	Company were filed on 05/23/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		the name of the new
	· •	
Name of New Registered Agent:	······································	
New Registered Office Address:	Enter Florida street address	
		- SS - 6
	, Florida, City	-Zip Code:
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered	complete performance of my duties, and I am agent as provided for in Chapter 605, F.S. Or	familiar with and ; if this document is
being filed to merely reflect a change in the registe	erea office address, I hereby confirm that the li	mited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member	
<u>Title</u>	Name	Address Type of Action
MGR	Scott Freiberg	5295 Town Center Rd _ Add
		Suite 302
		Boca Raton,FL 33486
MGR	Michelle Freiberg	5295 Town Center Rd ■ Add
		Suite 302
		Boca Raton,FL 33486
		Remove
· · · · · ·		
		Remove
		Add Add
		Remove S
		On G
		Add
		Remove

In MGR the name scott freiberg was put in twice by mistake	• • • • • • • • • • • • • • • • • • • •
and add michelle fteiberg.	
	
E. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State)	
Dated June 05 , 2014	
Signature of a member of authorized representative of	Ca margha
Scott Freiberg, MGR	i a incinuci

Page 3 of 3

Filing Fee: \$25.00

ALL SHARRED PH 2: 19