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2019 SEP 30 AMIL: 39

** STILKER

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COVER LETTER

TO: Registration Division of	Corporations
SUBJECT:	FNB Media LLC Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Mindy Lee Name of Person
	Pinnade Advertsing
	1515 S. Federal Huy Stc 30/
	BOCA Rator F2 33432 City/State and Zip Code MICE @ Dinnaclead group com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
	at (56/) 338-39 (D) Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:
\$25.00 Filing Fed	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

FNB Media	LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1400009658</u> /	were filed on 6/17/20/4 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3495 N Dixic Hwy buy
(Principal office address MUST BE A STREET ADDRESS)	Boxa Rator Fr 3343)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3495 N Dikie Huy bay 9 Boca Katur 12 32431
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Dr. G
	Enter Florida 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 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
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n effectiv o <u>te:</u> If th	tive date, if other than the date of filing: 911909 tive date is listed, the date must be specific and cannot be prior to date of filing or me the date inserted in this block does not meet the applicable statutory filing it's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed a
record The 90	rd specifies a delayed effective_date, but not an effective ti Oth day after the record is filed.	me, at 12:01 a.m. on the earlier o
	September 1st 2019.	
ted	- //	
ted	Signature of a member or authorized representative	of a member

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Filing Fee: \$25.00