L14000128467

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D. SCOTT MAR 1 2017

COVER LETTER

TO:	Registi Divisio	ation Secti	on rations					
CUDIC		dley Media	Group II LLC					
SUBJE	C1:		Name of Limi	ited Liability Company	- A			
The enc	losed A	ticles of An	nendment and fee(s) are sub	mitted for filing.				
Please re	eturn all	correspond	ence concerning this matter	to the following:				
			Anthony M. Barbuto, Esq.					
				Name of Person				
			Barbuto Law & Associates	s, P.A.				
				Firm/Company		N-1.1		
Firm/Company 12773 W. Forest Hill Blvd., Suite 101 Address								
			-	Address				
			Wellington, FL 33414				7 A	پ.
				City/State and Zip Cod	le		75 S	
			abarbuto@barbutolaw.com	to be used for future annu	al report notification)		名名	
For furt	her info	mation con-	cerning this matter, please ca		ar report nermanny		107 HZ	C
Anthon	у М. Ва	rbuto, Esq.		561 7	798-2907		芸芸 公	
		Name of P	erson	Area Code	Daytime Telepho	one Number		
Enclose	d is a ch	eck for the	following amount:					
□ \$25	(additional copy is enclosed) Certified					of Status &		

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

HEDLEY MEDIA GROUP II LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L14000128467	ility Company were filed on AUGUST 15, 2014	and assigned
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 contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
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		
		-100 -1
D. If any disc the maintain decay and any		ACCEPTANCE OF THE PARTY OF THE
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>ente</u> e <u>e address here</u> :	ILEI 27 Assess
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, 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>	Name	Address	Type of Action
MGR	LISA HEDLEY	173 E. INLET DRIVE	□ Add
		PALM BEACH, FL 33480	Remove
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Typed or printed name of signee

Filing Fee: \$25.00