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SECRETARY OF STATES
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COVER LETTER

TO: Registration Se Division of Cor			
GreciMedia	a & PR, LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ndence concerning this matter	to the following:	
	Kassandra S Greci		
		Name of Person	
	GreciMedia & PR, LLC		
		Firm/Company	
	3000 NW 130th Ter., APT	`310	
		Address	
	Sunrise, FL 33323		
	publicist@grecimedia.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Michael J Greci		954 418-2767 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

GreciMedia & PR, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/29/2015	and assigned
Florida document number L15000112530 .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
Greci Media & Communication, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		10 8 PM
Enter new mailing address, if applicable:		MA 3
Mailing address MAY BE A POST OFFICE BOX)		- 55 3 - 55 3
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records,	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

$\mathbf{AMBR} = 1$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
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ective date, if other than the confective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the applicable s	(o te of filing or more than 90 days a statutory filing requirements,	ptional) after filing.) Pursuant to 605.0207 this date will not be listed as
record specifies a delayed he 90th day after the reco		effective time, at 12:0	1 a.m. on the earlier of
March 22	2018		
ed	,·		
Vaci	signature of a member or authorized		

Page 3 of 3

Filing Fee: \$25.00