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ACLAHASSEE, FLORINA

AUG 0 7 2015

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COVER LETTER

-	ision of Corp			
SUBJECT:		GROUP LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		MIKE RETHERFORD		
			Name of Person	
			Firm/Company	
	2100 PRINCIPAL ROW SUITE 402	UITE 402		
			Address	
		ORLANDO, FL 32837		
	City/State and Zip Code			
MRETHERFORD@SPEEDPRO.COM				
		E-mail address: (1	to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
MIKE RET	HERFORD		407 8544003 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,001	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

RF MEDIA GROUP LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company))
The Articles of Organization for this Limited Liability Comp.	oany were filed on 07/15/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET ADDRESS</u>	<u></u>	
		A 15
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		The state of the s
		m, 25 (1977)
		E 6 1
B. If amending the registered agent and/or registere		enter the name of the ne
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New inegistered Office Address.	Enter Florida street address	
	E71 .	
	City Flor	rida 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
MBR	FALLER, FORREST	2100 PRINCIPAL ROW SUITE 40	Add
		ORLANDO, FL 32837	≅ Remove
			☐ Change
MBR	DENISE RETHERFORD	2100 PRINCIPAL ROW SUITE 40	⊟ Add
		ORLANDO, FL 32837	Remove
			Change
		~ *****	D Add
			Remove
			SEE COARD FOR Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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 (05.03	(optional) §	201	n the date of filing	ve date, if other than
t to	<u></u>	not be prior to date of filing or	n the date of filing	ve date, if other than

Page 3 of 3

Filing Fee: \$25.00