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J. LEGGETT

COVER LETTER

Division of Corpo			
SUBJECT: FULL	Spectrum Me	·dia	
	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	- Bradie	J Benson Name of Person	
	Full Spec	Firm/Company	
	902 (1.04	Moore Road Suite	108
	Boca R	aton, Florida 335 City/State and Zip Code	187
	bradie E-mail address: (to	10 full-Spectrum	nedia.com
For further information con-	cerning this matter, please call	l:	
Bradle 7	Bensen	at (561) 212 ~ Area Code Daytime Tel	ephone 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

Full Spectrum Med	7,9		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1500194345.	were filed on 111715	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Smashed Media			
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name	ity Company," the designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	902 Clint More F	2099	
(Principal office address MUST BE A STREET ADDRESS)			
	Boca Raton, Flori	ida 534	<u> 48 +</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name	of the new
		: FER	****
Name of New Registered Agent:		2	<u></u>
New Registered Office Address:		· 25	<u></u>
	Enter Florida street address	<u> </u>	
	, Florida _	<u>ာ</u> 	
	Ciry	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Add
			□ Remove
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(If an effective date Note: If the date	if other than the date is listed, the date must be see inserted in this block of ctive date on the Depart	pecific and cannot be does not meet the a	ipplicable statutory	g or more than 90 days a		
	ecifies a delayed eff ay after the record		it not an effect	ive time, at 12:0	1 a.m. on the	earlier of:
Dated Feb	010317 13	. 20	318			
	Bry	adleer 8 Devi	r authorized represen	tative of a member		
		Bradl	e People printed name of sign	Son		

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Filing Fee: \$25.00