## L1500020656

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M. Culton DEC-28 2015

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE: 922622 4303929

AUTHORIZATION : THE BELLENA

COST LIMIT : <sup>°</sup>\$ `55'.00

ORDER DATE: December 22, 2015

ORDER TIME : 12:40 PM

ORDER NO. : 922622-020

CUSTOMER NO: 4303929

## DOMESTIC AMENDMENT FILING

NAME: WESTOWER FLORIDA MERGER

COMPANY, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

FILED

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 DEC 22 AM 9: 53 CECRETARY OF STATE TALLAHASSEE, FLORIDA

Westower Florida Merger Company,	LLC				
(Name of the Limited	d Liability Company as i A Florida Limited Liabilit	1 now appears on our records.) y Company)			
The Articles of Organization for this Limited Lia Florida document number L15000206556	bility Company were	filed on December 11, 2015	and assigned		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liability c	ompany here:			
Westower Communications, LLC			•		
The new name must be distinguishable and contain the wor	rds "Limited Liability Co	npany," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B)  B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  New Registered Office Address:	r registered office :		enter the name of the new		
	Enter Florida street address				
		, Flor	ida		
New Registered Agent's Signature, if changing Re		ку	Zip Code		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cit	agent and agree to r and complete perfo tered agent as provid egistered office addr	rmance of my duties, and led for in Chapter 605, F.	I am familiar with and S. Or, if this document is		

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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> \_D Add ☐ Remove \_ Change \_D Add \_□ Remove \_ Change \_□ Remove \_□ Change \_□ Add ☐ Remove \_\_\_\_\_ Change □ Add \_□ Remove \_ Change □ Add □ Remove \_ Change

,	g any other information, enter change(s) here: (Attach additional sheets, if necess		
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		5.5	53
Note: If the	date, if other than the date of filing:	ing.) Pursuant to 605.020	7 (3)(b) s the
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. day after the record is filed.	n, on the earlier o	f:
Dated	Dec. 21 / 2015/		
	Signature of a member or authorized representative of a member		
A	Alberto de Cardenas  Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00