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(Red	questor's Name)
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M. MILLIGAN MAY - 2 2018

COVER LETTER

Division of C			
SUBJECT:	SIC A	DVISORY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
		Jonathan G. Morton	
		Name of Person	
		Morton & Associates LLP	
	,	Firm/Company	
		246 West Broadway	
		Address	
		New York, NY 10013	
		City/State and Zip Code	
	F (1-11	jm@moas.com to be used for future annual report notif	
For further information	concerning this matter, please c	•	ication
	n G. Morton	917 983-8383 at ()	
Name	of Person	Area Code Daytime	Telephone 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 ARTICLES OF ORGANIZATION **OF**

SIC ADVISORY LLC

ARTICLES OF A		NT	
TO ARTICLES OF O		TION	0/25
ARTICLES OF O		ION	de Tolky
	L'		To Total
SIC ADVISO	RY LLC		A Sologian S
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appear ability Company)	s on our records.	3
		02/10/2016	
The Articles of Organization for this Limited Liability Company	were filed on		and assigned
lorida document numberL16000028772			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :	
FASHION ONE RADYO VE TELEVIZYON LLC			
he new name must be distinguishable and contain the words "Limited Liability"	y Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		our records, ente	r the name of the new
Name of New Registered Agent.			
New Registered Office Address:	Fnter Flori	da street address	
	Line, 1107,	uu sireet uuur ess	
	City	, Florida _	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as pr eing filed to merely reflect a change in the registered office a ompany has been notified in writing of this change.	erformance of i ovided for in C	my duties, and I am hapter 605, F.S. Or	familiar with and c, if this document is
If Chang	ing Registered Age	ent, Signature of New R	legistered 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
			□ Add
			Remove
			Change
			Add
	,		□ Remove
			Change
			Add
			□ Remove
			Change
			
			□ Remove
			□ Change
			Add
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			☐ Change
			□ Add
			☐ Remove
			□ Changa

if amending any other informa	ntion, enter change(s) here: (Attach addi	tional sheets, if necessary.)	
			,
			
			,
			-
			
			
	st be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fili		
The 90th day after the rec	$\langle \chi \rangle_{\Lambda}$	time, at 12:01 a.m. on the e	arlier of:
Dated April 3	, 2018	=	0
	Signature of a member or authorized representativ	re of a member	SEURETI HERUTS
	Typed or printed name of signee	<u> </u>	-275
		P မှ	が発見
	Page 3 of 3	ដ	ATION
	Filing Fee: \$25.00	•	A GA