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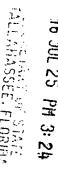
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	s of Status	
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## **COVER LETTER**

TO: Registration Sec Division of Corp		• •	
SUBJECT: RESPO	NSIBLE HEALTH	BROADCASTING, LLO	C
	Name of Limi	ted Liability Company	
	mendment and fee(s) are subsidence concerning this matter	_	
	Marcus DePa	squale	
		Name of Person	
	Responsible	Health Broadcast	ing, LLC
		Firm/Company	
	2645 Oakgrov	ve Avenue	
		Address	
	St. Augusti:	ne, FL 32092	
		City/State and Zip Code	
	mhome@saent		
		o be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	ll:	
Marcus DePas		at ( 904 ) 540 - 3 Area Code Daytim	608
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
XX \$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)

TO:

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

RESPONSIBLE HEALTH BROADCASTING, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our recor	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Company Florida document numberL16000086346	y were filed on <u>May</u>	02,	2016	_ and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the design	ation "LL	C" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			75.	<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		r record	ls, enter th	name of the nev
Name of New Registered Agent:				<u>⊘</u> 9:
New Registered Office Address:	Enter Florida s	treet addre	ss	· 
	Circ	, F	lorida	71- C- J-
New Registered Agent's Signature, if changing Registered Agent	City <u>:</u>			Zip Code

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 3000 N. Ponce De Leon Blvd., Suit	<u>n</u>
T	Kevin Geddings	St. Augustine, FL 32084   Add	C #0
		XXRemove	
m		Change 2645 Oakgrove Avenue	
	Marcus DePasquale	St. Augustine, FL 32092 XXAdd	
		Remove	
		Change	
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Tipp41	20 - 41 41 41							
Enective date, i	if other than the dis listed, the date must	be specific and o	cannot be prior to	o date of filing or i	nore than 90 days	optional) after filing.) Po	ursuant to 60	05.0207
if an effective date i	tive date on the De			ole statutory IIII	ng requirements	, this date wi	II not be iii	sted as
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Filing Fee: \$25.00