L16000192970

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COVER LETTER

TO: Registratio Division of	n Section Corporations
	L A MEDIA HOLDING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	MARVIN KURZBAN, ESQ.
	Name of Person
	KURZBAN KURZBAN WEINGER TETZELI & PRATT, P.A.
	Firm/Company
	2650 SW 27TH AVENUE, FLOOR 2
	Address
	MIAMI, FLORIDA 33133
	City/State and Zip Code
	MARVIN@KKWTLAW.COM
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
JULIANNE BISCE	at ()
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check f	for the following amount:
□ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

CANAL A MEDIA HOLDING LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on OCTOBER 17, 2016 and assigned Clorida document number L16000192970					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ollity company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	299 ALHAMBRA CIRCLE				
(Principal office address MUST BE A STREET ADDRESS)	CLUTT 210				
-	CORAL GABLES, FLORIDA 33134-5114				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16 NO 14				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	re:				
Name of New Registered Agent:	S. C.				
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	ARCHILA DEHESA, ERICK E	92 SW 3RD STREET, APT. 4003	
		MIAMI, FL 33130	Remove
			Change
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			☐ Change
			□ Remove
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			D Add
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			□ Change

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Filing Fee: \$25.00