L16000225929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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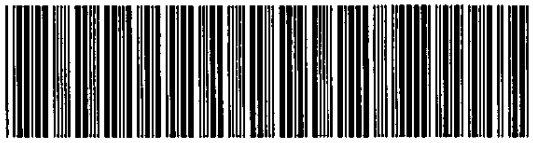

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TALLAHASSEE, FLORIDA
16 DEC 20 PM 4:20

DEC 21 2016

S. YOUNG

PLUNKETT COONEY

16 DEC 20 PM 4:20

December 16, 2016

VIA OVERNIGHT COURIER

Florida Department of State
Registration Section
Department of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Hour Enterprises, LLC

Dear Sir/Madam:

Enclosed for filing is an original Articles of Amendment to Articles of Organization of Hour Enterprises, LLC. Also enclosed is our check in the amount of $25.00, along with a self-addressed, stamped envelope for return of the acknowledgement letter.

Please contact me at (248) 901-4064, or attorney Scott Lites at (248) 904-4074, with any questions or concerns related to this filing.

Sincerely,

PLUNKETT COONEY

Shawn Eccles
Paralegal/Legal Secretary
(248) 901-4064

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Enclosures

Open.23127.32261.17837867-1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hour Enterprises, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Lites
Name of Person

Plunkett Cooney
Firm/Company

38505 Woodward Ave., Suite 2000
Address

Bloomfield Hills, MI 48304
City/State and Zip Code

slites@plunkettcooney.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott Lites at (248) 901-4074
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
TO
ARTICLES OF ORGANIZATION
OF

HOUR ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 14, 2016 and assigned Florida document number L16000225929.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PALM BEACH MEDIA GROUP NORTH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change
____	____	____	☐ Add
		____	☐ Remove
		____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 19, 2016

Signature of a member or authorized representative of a member

Scott Lites, Authorized Representative

Typed or printed name of signee

Filing Fee: $25.00