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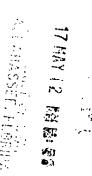
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COVER LETTER

TO: Registration Division of C			
CUDIDATE	AN MEDIA GROUP, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Angela Ruckman		
		Name of Person	
	Robert E. Livingston, Esq.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	445 S. Commerce Avenue		
		Address	
	Sebring, Florida 33870		
		City/State and Zip Code	
	angie@livingstonpa.com	to be used for future annual report noti	fication
For further information	concerning this matter, please co	•	nearon
Angela Ruckman		at () Area Code Daytim	
Nam	e of Person	Area Code Daytim	e Telephone Number
Englosed 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

VETERAN MEDIA GROUP, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on ou nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on February	2, 2017 and assigned
Florida document number L17000027133		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	*,
		7
		5
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
		; 6 9
 If amending the registered agent and/or registere egistered agent and/or the new registered office address 		records, enter the name of the
		
Name of New Registered Agent:		
New Registered Office Address:		
_ _	Enter Florida stre	et 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</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MgrMbr	Richard Smith	6837 Roxbury Drive	
		Sarasota, Florida 34231	Remove
			Change
Mbr	Stephen Banks	4000 NE 168th Street, # 114	
		North Miami, Florida 33160	Remove
			■ Change
			Add
			□ Remove
			☐ Change
			☐ Add
			□ Change □ Add
			□ Remove
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			Remove
			Change

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			<u>€2</u>
February 2, 201	7		
ective date, if other than the date of filing:		(optional) days after filing.) Pu	irsuant to 605.02
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	statutory filing requiren	nents, this date wil	l not be listed
record specifies a delayed effective date, but not an	effective time, at	12:01 a.m. on	the earlier
he 90th day after the record is filed.			
ed May 474 2017	F1		
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Filing Fee: \$25.00