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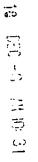
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 6 Millor Midia LL ( Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Scott Millowan Name of Person
Danicor Media LLC Firm/Company
Sleyo Shady Oaks Ln
Na Ne 1 FL 34119 City/State and Zip Code
hujek Youin@aMail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott McGacken at 400, 681-1025  Name of Person at 400 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \Bigcup \text{\$60.00 Filing Fee.} \\ 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

Onicor Media LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	<u>r records.</u> )
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{\dot{L}17000071590}{}$ .	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  Ownicor Media LL  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:	<del></del> ,
(Principal office address MUST BE A STREET ADDRESS)	
	7 70
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	₽
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, <u>enter-the name of the nev</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stree	
City	Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable staument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an ene he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
ed 12/4 . 2018 .	
Signature of a member or authorized re	epresentative of a member
Signature of a figure of authorized re	

Page 3 of 3

Filing Fee: \$25.00