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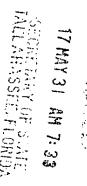
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	Olimpica FN	M Broadcast Group, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jorge H. Astudillo		
			Name of Person	
		Olimpica FM Broadcast Gr	roup, LLC	
			Firm/Company	
		9831 Martinique dr		
			Address	
		Cutler Bay, Fl 33189		
			City/State and Zip Code	
		jh.astudillo@hotmail.com		
		E-mail address: (i	to be used for future annual report notific	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Jorge H. Ast			786 426-4595 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Olimpica FM Broadcast Group, LLC		<u></u>
(<u>Name of the Limite</u> (.	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
he Articles of Organization for this Limited Lia	ability Company were filed on 04/04/2017	and assigned
lorida document number L17000075839	·	
his amendment is submitted to amend the follow	wing:	
a. If amending name, enter the new name of	the limited liability company here:	
FuBacana Broadcast Group, LLC		
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B		
	or registered office address on our records, en	ter the name of the
egistered agent and/or the new registered off	ice address here:	17
N. CN. D. C. LA		
Name of New Registered Agent:		- <u>SSE 6</u>
New Registered Office Address:	Enter Florida street address	- FINA -
	Enter Florida street address	7
	, Florida	78 Code
	City	ZijaLode

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 = Man AMBR = Aut	ager norized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			🗖 Add
			Remove
			Change

			□ Remove
			Change
			Remove
			Change
		Manus et Malares	□ Add
			☐ Remove
			Change

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ective date, if other than the	date of filing:		(optional)		
effective date is listed, the date muse: If the date inserted in this bloom	t be specific and cannot be pri-		re than 90 days after filing.		
ument's effective date on the De			rectanements, this date	WIII IIX 50 IIX	
and an exist and the	1 -66 -4 1 John 10 10		ma nh 13:01 m	aa kha aadt	۵
ecord specifies a delayed ne 90th day after the rec		oc an effective ti	ine, at 12:01 a.m.	on the earlie	er_
May 22nd	2017				
ed May 22nd	, 2017	·			
	, .		of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00