# L180000 45426

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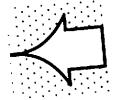
## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJE		Y 512 ESPANOLA LICENSE I	LLC			
SUBJE		Name of Lim	ited Liability Company			
The en	closed Articles e	of Amendment and fee(s) are sub	mitted for filing.			
Please	return all corresp	pondence concerning this matter	to the following:			
		MICHAEL H. TARKOFF				
			Name of Person			
GREENSPOON MARDER LLP						
	Firm/Company					
	600 BRICKELL AVENUE, 36TH FLOOR					
Address					E 1	
MIAMI, FL 33131				2019 MAY 1	A G2.50 11.50	
	City/State and Zip Code michael.tarkoff@gmlaw.com					LEO WOXE
		E-mail address: (	to be used for future annual report notifi	ication)	- F. O	J
For fur	ther information	concerning this matter, please of	all:		06	
МІСН	AEL H. TARKO	)FF	305 789-2770 at ()			
	Name	of Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for	the following amount:				
<b>□</b> \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

### 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

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$ Florida document number $\frac{118000045426}{1}$ .	EBRUARY 26, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company b	<u>iere</u> :	
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:		2019
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		PH 4
Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, <u>ente</u>	er the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
Enter Fl	rida street address	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		MIAMI BEACH, FL 33139	
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			Change
AR	IVAN GOMEZ	1438 WASHINGTON AVENUE	
		MIAMI BEACH, FL 33139	
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reco The S	rd specifies a d Oth day after ti	elayed effective he record is file	e date, but not d.	an effective t	me, at 12:01	a.m. on the ear	rlier of
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Typed or printed name of signee

Filing Fee: \$25.00