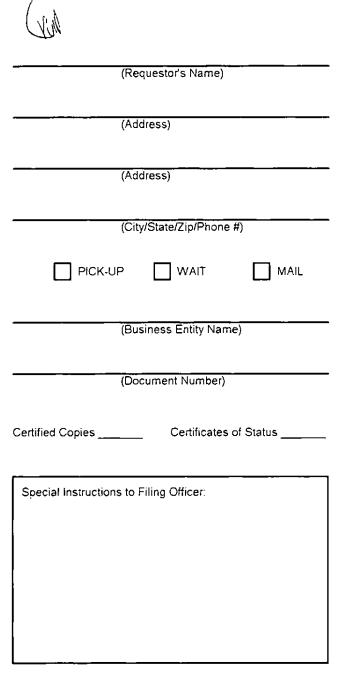
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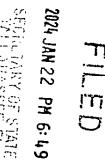


Office Use Only



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91/22/24--01016--020 ++25.00



COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: Fogle	Name of Limite	ncy Academy ed Liability Company	IIc.
The enclosed Articles of Amo	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Gira (Pe 4410 W H Tampa, FI Empronitor	Name of Person Name of Person Firm/Company 11 Shorough Address 10 rda 33614 City/State and Zip Code	Ave Steil
For further information conce			cation)
Gwig M E Name of Per	Enciso	ar (813) 400 (Telephone Number
Enclosed is a check for the fo	Howing amount:		
\$25.00 Filing Fee	3 \$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)
Name of Per Enclosed is a check for the fo	Tompa, To	Name of Person Firm/Company 11 Shorough Address 23614 City/State and Zip Code be used for future annual report notifications at (813) 400 (Daytime) S555.00 Filing Fee & Certified Copy	S60.00 Filing Fee, Certificate of Status Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 53-23-2018 and assigned Florida document number <u>L 19000</u>75017. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further differe 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.

New Registered Agent's Signature, if changing Registered Agent:

City

Article I the name of the limited
l'ability Company is: LA VOZ RADIOS. 11E
Article IT The address of the porciful office of the 1, mited, liability Company 15: 4410 W Hillshoraugh Aue site: 1, tampo 47 330
Article III other provisions if any:
cup training.
Effective date, if other than the date of filing: 01-24-224. (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 (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.
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 cord is filed.
Dated 01 - 16 - 2024. Signature of a member or authorized representative of a member
Typed or printed name of signee

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