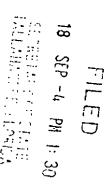
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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

	gistration Sec vision of Corp			
endingt.	305 LA RA			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		MARIA LOPEZ		time Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy
			Name of Person	
		305 LA RADIO LLC		
		<u> </u>	Firm/Company	
		1915 BRICKELL AVENU	JE #CC10	
			Address	 ,
		MIAMI, FL 33129		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		LOPEZ@305BROADCAS		
		E-mail address: (to be used for future annual report noti	fication)
For further i	nformation co	oncerning this matter, please co	all:	
MARIA LO	PEZ		305 406-3560	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate 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

ny) 06/25/2018 and assigned
06/25/2018 and assigned
y here:
the designation "LLC" or the abbreviation "L.L.C."
AGLER STREET
EP
.33174
AGLER STREET TO
<u> </u>
. 33174

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

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	MARIA LOPEZ	1915 BRICKELL AVENUE #CC10	⊒ Add
		MIAMI, FL 33129	
			Remove
			Change
MGR	ALFONSO O LOPEZ	1865 BRICKELL AVENUE A-1513	
		MIAMI, FL 33129	
			■ Remove
			Change
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<u>Vote:</u> If the date inserted in this bloc	k does not meet the	applicable sta				
ocument's effective date on the Dep	artment of State's re	rcoras.				
e record specifies a delayed	effective date, b	ut not an e	ffective time,	at 12:01 a.	m. on the ear	rlier
The 90th day after the reco				~ .		
AUGUST, 20	2018			\bigcap_{i}		
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Page 3 of 3

Filing Fee: \$25.00