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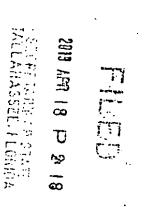
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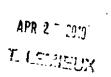
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Agada Balaza Madero Name of Person
Firm/Company
4310 W. Swilla St.
City/State and Zip Code
Cheicina Be arexmagazines. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Olejondia B. Model C. at (83) 727-6198 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Solution Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$255.00 Filing Fee Certified Copy (additional copy is enclosed) \$255.00 Filing Fee Certified Copy (cadditional 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 ARTICLES OF ORGANIZATION

Phone Grup Do. 110

(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on o ability Company)	ough Bronds 18 1-3 1-3	
The Articles of Organization for this Limited Liability Company we Florida document number <u>USOOO 178 CU3</u> .		25 LANSSEE, FLAND assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	ation "LLC" or the abbreviation "L.I	<u>C.</u> "
Enter new principal offices address, if applicable:	San	<u> </u>	· · · · · ·
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some	? .	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		records, enter the name of	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Floridu str	reet address	
		, Fiorida	
	City	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 = Manager AMBR = Authorized Member					
Title	Name	Address	Type of Action		
		· · · · · · · · · · · · · · · · · · ·	□ Add		
			□ Remove		
			□ Remove		
			Change		
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			☐ Change		
			Add		
			□ Remove		
			☐ Change		
			□ Add		
			Remove		
			Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary:)	
E. Effective date, if other than the date of filing: (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(b) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated Signature of a member or authorized representative of a member	
Clejondo P. Woderc. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00