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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : 1200000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

Enter the email address for this business entity to be used for future Email Address: Water freund; @ Dellauth. net

HILLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALENTINO MEDIA GROUP LLC

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COVER LETTER

ro: Re Di	gistration Sect vision of Corp	ion orations				
		edia Group LLC				
SUBJECT	·	Name of Limited Liability Company				
The enclas	ed Articles of A	mendment and fee(s) are submit	ted for filing.			
Please retu	m all correspon	dence concerning this matter to t	he following:			
		Joel II. Yudenfreund				
			Name of Person			
			Firm/Company			
	736 Воссе Соил					
			Address			
		Palm Beach Gardens, FL 334				
		vudenfreundi@bellsouth.net	City/State and Zip Code			
		(i-mail address) (to	be used for future annual report notific	cation)		
For furthe	r information c	oncerning this matter, please call	;			
Joel H. Y	'udenfreund		561 758-3481 at()			
	Nиле 0	n' Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for t	he following unount:				
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (udditional copy is enclosed)		

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

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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 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	<u>Name</u>	Address	Type of Action
MGR	David DiLorenzo	2257 Vista Parkway, Suite #23	
		West Palm Beach, Ft. 33411	Remove
			☐ Change
MGR	David Joseph DiLorenzo	2257 Vista Parkway	
		Suite 23	🗆 Renrove
		West Palm Beach, FL 3,3411	□Change
			□Remove
			Change
			□Remove
			Change
			DbbA
			∏Remove
			□Change
			□ Add
			□Remove
			Change

, [famending:	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
	
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Note: If the o	e, if other than the date of filing:
the record speci cord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	Signature of a member of authorized representate of a member
D	avid Joseph DiLorenzo, Manager
_	Typed or printed name of signee