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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: |
| Detheaida Santana Name of Person |
| Firm/Company Address Address |
| City/State and Zip Code D2 pnedia 1/2 pamaile Com |
| For further information concerning this matter, please call: |
| Rame of Person at 856 243-830 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YZ | Y M | edia LL | () |
|---|--|--|---|
| (<u>Name of the Limited</u> | Liability Compar Florida Limited I. | ny as it now appears on our reciability Company) | cords.) |
| | | -0 i | 2 1000 2 |
| The Articles of Organization for this Limited Liab | | were filed on | 12 Vezandiassigned: |
| Florida document number <u>L2 30000</u> | DAFAG | 22 | A 10 10 11 11 11 11 11 11 11 11 11 11 11 |
| This amendment is submitted to amend the following | ng: | | See I |
| A. If amending name, enter the new name of the | | - | 7:56 |
| The new name must be distinguishable and contain the word | s "Limited Liabili | ty Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | 20 W R | mal Palm Ste |
| (Principal office address MUST BE A STREET A | (DDRESS) | lake Ho | 14, 0, 51, 52, 52, 52, 52, 52, 52, 52, 52, 52, 52 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>)X)</u> | 1632 Jake Pl | Sylvan Ciacle acid, 71 33852 |
| B. If amending the registered agent and/or regi agent and/or the new registered office address h | | ddress on our records, <u>en</u> | ter the name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 700 | SC Sylva Enter Florida direct ad | in GRCE |
| - | lake | Elity Cid | Florida 32552 |

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 <u>Title</u> **Address** Type of Action **Name** $\square Add$ □ Remove Remove □ Change $\square \Lambda dd$ □Remove ☐ Change \square Add □Remove ☐ Change

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| Effective date, if other than to [If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | nust be specific and cannot be problem block does not meet the app | dicable statutory f | (option of the contract of the | filing.) Pursuant to 605, | .0207 (3 ed as th |
| ne record specifies a delayed effectord is filed. | tive date, but not an effectiv | e time, at 12:01 a.: | m. on the carlier of: (b) | The 90th day after | the |
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Typed or printed name of signee