## L11000102838

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12 OCT -1 PH 1: 50
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

## COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	· ECT:	Matrix Inter	active Media, LLC			
			ted Liability Company			
The er	nclosed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please	e return all correspo	endênce concerning this matter	to the following:			
			Thomas Portee			
			Name of Person			
Matr			x Interactive Media, LLC			
			Firm/Company			
			1711 NW 2nd Street Apt	B2		
			Address			
Deerfield E			erfield Beach, FL 33442			
			City/State and Zip Code	<del>.</del>		
	thomas@matrixinteractivemedia.com  E-mail address: (to be used for future annual report notification)					
For fu	rther information o	oncerning this matter, please c	-	,		
		omas Portee	at ( 678 ) 9	78-1492		
	Name o	f Person	Area Code & Daytime	Felephone Number		
Enclo	sed is a check for t	he following amount:				
<b>₹</b> \$2	5.00 Filing Fcc	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 TO ARTICLES OF ORGANIZATION OF

FILED

12 OCT -1 PM 1: 50

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

		TALL,	AHASSEE, FLORIDA
Matrix Interac	<u>tive Media, LLC</u>	j	
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	on our records.)	
		00 00 44	
The Articles of Organization for this Limited Liability Compa	ny were filed on	09-08-11	and assigned
Florida document number L11000102838			
,			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company hero	:	
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Compar	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	1711 NW 2nd	Street Ant	B2
(Principal office address MUST BE A STREET ADDRESS)			
T	4744 > 1140	o 0 1	0 0
Enter new mailing address, if applicable:	1711 NW 2nd		_D&
(Mailing address MAY BE A POST OFFICE BOX)	Deerfield Bea	ch, FL 33442	
B. If amending the registered agent and/or registered	office address on o	ur records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :		•
<del>-11</del>	1	$\supset$ 1	
Name of New Registered Agent:	omas 1	ortee	
New Registered Office Address:	NW 2nn	St A	st B2
	Ente	er Florida street ad	dress
7-2-7	-11 R-001	774 13	33447
<u>Deel T</u>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen			Dip Conv
tion registered recut a digunture, it changing Registered Agei	<u></u>		

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Aanaging Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Christian Di Febo	17019 NW 13 st. Pembroke Pines, FL 33028	Add Remove
MGR	Thomas Portee	1711 NW 2nd Street Deerfield Beach, FL 33442	
			Add Remove
<del></del>	,		Add Remove
			Add Remove
	· .		Add Remove
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.	FILED FILED STATE
Dated	September 25	2012  mber of authorized representative of a member	
		Christian Di Febo	
	T	yped or printed name of signee	

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Filing Fee: \$25.00