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Special Instruction	s to Filing Officer:
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T. HAMPTON

APR - 5 2010

EXAMINER

COVER LETTER

TO: Registration So Division of Co		•						
SUBJECT: PE	ALTY NET MED	IR LUC						
		ted Liability Company						
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.						
Please return all correspondent	ondence concerning this matter	to the following:						
	SEBAST	Name of Person						
	REALT	Y NET MEDIA, LLC Firm/Company						
	3350 5	W 148 AVE - SUITE 110						
	MIRAMAR.	City/State and Zip Code						
E-mail address: (to be used for future annual report notification)								
For further information	concerning this matter, please c	call:						
SEBASTIAN Name	OSO(LND) of Person	at (786) 487 - 4605 Area Code & Daytime Telephone Number						
Enclosed is a check for the	-							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 hassee, 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

	MEDIA, L	ic				
(Name of the Limited) (A	Liability Comban Florida Limited Li	y as it now ap ability Compan	oears on our roy)	ecords.		
The Articles of Organization for this Limited Lia Florida document number _ L 0 6000084	bility Company v	were filed on	01/25/29	006	and assigne	:d
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	lity company	<u>here</u> :			
		·····	,			,
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Cor	mpany," the de	signation "l	LLC" or the abbre	viation
Enter new principal offices address, if applica	3350	SW 14	P AVE	;		
(Principal office address MUST BE A STREET ADDRESS)		SUITE	110		Name of the last o	<u> </u>
		MIRAM	AR, FR	3307	27 5	SEC 33S
			• • • • • •		APR	23
Enter new mailing address, if applicable:	7815	CAMIN	o MEA	rt 1		
(Mailing address MAY BE A POST OFFICE L	#316)			200	
	MIAN	ri, fr	33143	<u>بَيْ</u>	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered offi ice address here	ice address o :	n our recor	ds, <u>enter 1</u>	the name of th	ATEW S S S S S S S S S S S S S S S S S S S
Name of New Registered Agent:		irido				
New Registered Office Address:	3350 SW	148 AVE			IRAMAL, K	33027
			Enter Florida	a street add	tress .	
·	MIRAMAR			Florida	33027 Zip Code	
N. Dada and America Standard St. 1	!_4 44.	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 608, 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

Page 1 of 2

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 = Manager

MGRM = Managing Member Title Name **Address Type of Action** MAURICIO OSORNO MGR 7815 CAMINO LEAL **X** Add Remove MIAMI ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE NAME:

FROM: NATALIA OSOPNO --> TO: NATALIA BOBLIT!

Dated MARCH 30 , 2010 .

Signature of a member or authorized representative of a member

Sebastian Osovno
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00