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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Birdlead Publishing LLC Name of Limited Elability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filling. |
| Please return all correspondence concerning this matter to the following: |
| Danielle Hope Hier-Palli Name of Person |
| Birdland Ablishing LLC Firm/Company |
| 11509 Village Brode Dr. |
| Riverview FL 33579 City/State and Zip Code |
| E-mail address: (to be used to future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

| DIVISION OF CURPORAT | 1'2' |
|----------------------|-------|
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| OF | | TI JUN 13 PHIZ: | TIONS |
|--|---|-----------------------------|-------------|
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| Name of the Limited Liability Compan | y as it now appears on our ability Company) | records.) | |
| (A Piolida Littateu Li | ionity Company) | | |
| The Articles of Organization for this Limited Liability Company | vere filed on 2/6/ | and assi | gned |
| Florida document numberLof_coco 26 4 7 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| Birdland Media Wo | rks 11.0 | | |
| The new name must be distinguishable and end with the words "Limite" L.L.C." | d Liability Company," the d | esignation "LLC" or the at | breviation |
| Enter new principal offices address, if applicable: | _11509 vill | age Brook (|)c |
| (Principal office address MUST BE A STREET ADDRESS) | Riverview | FL 33579 | |
| | | • | |
| | . 1 | _ | |
| Enter new mailing address, if applicable: | 11509 Villa Piverview, | ese Brode Ar | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | Piverview, | FL 33579 | <u>}</u> |
| | | | |
| B. If amending the registered agent and/or registered office address here: | | ds, enter the name of | the new |
| Name of New Registered Agent: Daniell | e Hope Hier-1 village Bro | Pall: | |
| New Registered Office Address: 11 509 | uillage Byp. Enter Floria | oll Dr. a street address | |
| River | Enter Florid L'ELD City | Florida 33577 | |
| | 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

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

| | <u>Name</u> | Address | Type of Actio |
|-------------|---|--|--------------------|
| | | | Add Remove |
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| amend | ing any other information, enter change X Please note the new marriage. Deniell Danielle Hope Hie | e(s) here: (Attach additional sheets, if necessary.) ne Change due to le thope there is now r-Pelli | TI JUN 13 PHIZ: 10 |
| | 200 8 . 701 | or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00

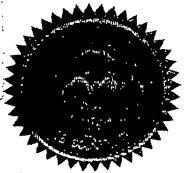
Department of Health • Vital Statistics STATE OF FLORIDA MARRIAGE RECORD Type in Upper Case

TYPE IN UPPER CASE
USE BLACK INK
This license not valid unless seal of Clork,
Circuit or County Count, appears thereon.



2011 ML 000417 (APPLICATION NUMBER)

| | | APPLICA | TION TO MARRY | | | |
|-------------------------|---|---|---|---|----------------------------------|--|
| I. GROOM'S HAME (FIRST | , MIDDLE, LAST) | | | 2. DATE | OF BIRTH (Month, Day, Year) | |
| JOHN JOSEPH | | | | | | |
| 3. RESIDENCE - CITY, TO | OWN, OR LOCATION | 3b. COUNTY | 3c, STATE | 4. BIRTH | PLACE (State of Foreign Country) | |
| RIVERVIEW | | HILLSBOROU | | | | |
| SE BRIDES NAME IFFOR A | | • | 55. MAJOEN EURN | AME (il citterent) & DATE | OF BIRTH (Month, Day, Year) | |
| DANIELLE HOP | | | | | | |
| . RESIDENCE - CITY, 1 | OWN, OR LOCATION | 7b. COUNTY | 7c. STATE | a. BURTH | PLACE (Stale of Foreign Country) | |
| RIVERVIEW | | HILLSBOROU | | A ' (| | |
| | 9 | E THE APPLICANTS NAMED IN THE | NE CERTIFICATE, EACH FOR HUISELF OF THE BEST OF OUR KNOWN FOCE AND B | R HERBELF. BYATE THAT THE INFORMATION BUSEF, THAT NO LEGAL OBJECTION TO THE I TO US AND HERBBY APPLY FOR LICENSE TO | PROVIDED MARRIAGE | |
| | | | SE TO AUTHORIZE THE SAUE IS KNOWN | TO US AND HEREBY APPLY FOR LICENSE TO | MARKY. | |
| 37 87 Call | 9 SIGNATURE OF GROOM (SO | r full memo sesino pioce, inis | ₹ | | SWORN TO BEFORE ME ON (DATE) | |
| | 1 / 1 | h fell | | 3/2011 NATURE OF OFFICIAL (Use alock int) | ····· | |
| | DEPUTY CLERK | | | A COL TOTAL JOHN MINE | | |
| 以上大人 | | | 14 Sile | SECRIMED AND SWORN TO SEFORE | E ON (DATE) | |
| 100 | 13. SIGNATURE OF BRIDE (Step our name using Mary Inc.) | | | 03/23/2011 | | |
| Market Co. | | | | NATI DE OF OFFICIAL (Line block mit) | | |
| : | DEPUTY CLERK | | | wie Kron | Rigaria | |
| | LICENSE TO MARRY | | | | | |
| **** | AUTHORIZATION AN | ID UCENSE IS HEREBY ON | EN TO ANY PERSON DULY AUTH | DRIZED BY THE LAWS OF THE STATE | OF FLORIDA TO PERFORM | |
| TO CONT | SE USED ON OR AFTER T | ny within the State of F HE Effective date and O | Lorida and to solemnize the In or before the expiration | MARRIAGE OF THE ABOVE NAMED F DATE IN THE STATE OF FLORIDA IN C | PERSONS. THIS EXCENSE MOST | |
| (0) | 17. COUNTY ISSUING LICENSE | 18. DATE LICENSE ISSUED 184. DATE LICE | | 184 DATE LICENSE EFFECTIVE | 18 EXPIRATION DATE | |
| | MANATEE COUNT | Y _ | 03/23/2011 | 03/26/2011 | 05/24/2011 | |
| | 204 SIGNATURE OF COURT C | ERK 99 JUDGE 20 | | 20c BY D.C. | | |
| COUNTY - | R.B. SHORE | | HORE, CLERK OF CIRCUIT (| COURT 783 | | |
| A1111112 | CERTIFICATE OF MARRIAGE | | | | | |
| | | | | Anniage in accordance with the laws | OF THE STATE OF FLORIDA | |
| | 21. DATE OF MARRIAGE (MONR Day, West 22 CITY, YOWN, OR LOCATION OF MARRIAGE | | | | | |
| • | Holmes Geach Fl | | | | | |
| SEAL | 23% SIGNATURE OF PERSON PERFORMING CEREMONY (Live Mack Int.) 23C. ADDRESS (OF person partnersing continent) | | | | | |
| OEAL | Bernand Delphon M. Leman 11336 White Rock Jenne Gudenter Re | | | | | |
| | TO makey slame) | | | | | |
| | Reverant Delphine M. Herman. | | | UNIX. | | |
| | } | | 25, 319 | WITCHE CO WINE SAYO CO MINOR | (Line article Init) | |
| | 1 | | 97 | on Care | | |



STATE OF FLORIDA COUNTY OF MANATEE

I, R. B. SHORE, CLERK OF THE CIRCUIT COURT HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE MARRIAGE RECORD AS THE SAME APPEARS IN MY OFFICE.

WITNESS MY HAND AND SEAL THIS 31 DAY OF Way, A.D. 20 11
R. B. SHORE

CLERK OF CIRCUIT COURT

BY: Usa WOOTEN