

206000046504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

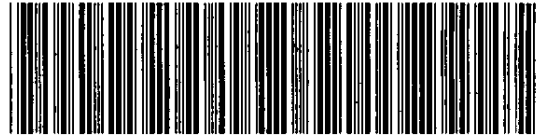
Special Instructions to Filing Officer:

A. LUNT

AUG - 7 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jacksonville Office:
Claude R. Moulton
2014 North Laura Street
Jacksonville, Florida 32206
Telephone: 904.632.0120
Facsimile: 904.632.8309
☐ Reply Jacksonville Office
E-Mail: claude@mblawoffices.com



THE LAW OFFICES OF
MOULTON BOSSHARDT, LLC

www.mblawoffices.com

Gainesville Office:
Kimberly G. Bosshardt
5532-A NW 43rd Street
Gainesville, Florida 32653
Telephone: 352.240.3218
Facsimile: 352.240.3219
☒ Reply Gainesville Office
E-Mail: kim@mblawoffices.com

August 4, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

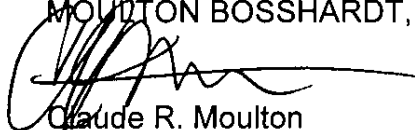
Re: Bosshardt Design Group, LLC

To Whom It May Concern:

Please find enclosed a check in the amount of \$25.00 representing your fees for filing Articles of Amendment to Articles of Organization of Bosshardt Design Group, LLC.

Should you have any questions or concerns, please feel free to contact me.

Sincerely,
MOULTON BOSSHARDT, LLC



Claude R. Moulton

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bosshardt Design Group, LLC
(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:

Claude R. Moulton

(Name of Person)

Moulton Bosshardt, LLC

(Firm/Company)

5532-A NW 43rd Street

(Address)

Gainesville, FL 32653

(City/State and Zip Code)

For further information concerning this matter, please call:

Claude R. Moulton

(Name of Person)

at (352) 240-3208

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bosshardt Design Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 4, 2006 and assigned
Florida document number L06000046504.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Smart Media, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2006 JUN -6 P 1:21
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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

(Principal office address MUST BE A STREET ADDRESS)

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(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.

New Registered Office Address:

(If Changing Registered Agent, Signature of New Registered Agent)

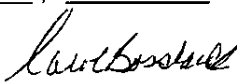
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated July 25, 2008


Signature of a member or authorized representative of a member

Carol R. Bosshardt
Typed or printed name of signee

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 TALLAHASSEE, FLORIDA