## L06000082567

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T. HAMPTON

EXAMINER

## COVER LETTER

	Registration Sect Division of Corpo				
SUBJEC	T:	ONBEA	T MEDIA, LLC.		
		Name of Limi	ted Liability Company		<del></del>
The enclo	osed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspond	dence concerning this matter	to the following:		
	Adriana Pirela				
			Name of Person		
Surety Corporation of America				rica	
Firm/Company					
	1000 NW 14th Street				
			Address		
		•	Miami, FL 33136		
			City/State and Zip Code		
		ad	riana@bailbonds.com	<u>)</u>	
- 6 1				ort notification)	
For furthe	er information con	cerning this matter, please of	all:		
	Adri	ana Pirela	at (_305 )	381-707	7
	Name of F	Person	Area Code &	Daytime Telephone	Number
Enclosed	is a check for the	following amount:			
<b>₹</b> \$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
		G ADDRESS:	STREET/C Registration	COURIER ADDRI	ESS:

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

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

## TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS

OF

10 NOV -4 MITE 40

( <u>Name of the Limited</u> (A	ONBEAT MI Liability Compa Florida Limited I	EDIA, LLC. ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document number L06000082	were filed on	08/22/2006	and assigned	
This amendment is submitted to amend the followard.  A. If amending name, enter the new name of	J	ility company here	2:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		1000 NW 14th Street		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33136		
Enter new mailing address, if applicable:		1000 NW 14th	n Street	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33136		
B. If amending the registered agent and/or registered agent and/or the new registered of  Name of New Registered Agent:		<u>e</u> :	ur records, <u>enter tl</u>	he name of the new
New Registered Office Address:	1000 NW 14th Street			
Ten registered Street Address.		Enter Florida street address		
	-	Miami	, Florida	33136
		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 he eby 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

Title '	<u>Name</u>	Address	Type of Action
•			Add Remove
<u></u>	· ·		Add Remove
			□ Add □ Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	_
_ _ _			SECRETARY OF SECRETARY OF CORP
Dated	October 18 , _	2010	D OF STATE RP ORATION (N) 17: 40
	(	charles Faibisch, MGR yped or printed name of signee	<i>S</i>

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Filing Fee: \$25.00