# L06000/02853

(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:

Office Use Only



600158666476

07/31/09--01022--027 \*\*30.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - \$ 2009

EXAMINER

### **COVER LETTER**

TO: Registration Sec Division of Corp			·			
SUBJECT:	Brainswitcl	h Advertising LLC				
SOBSECT:		ted Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
		Jose Rementeria				
	250 NW 23rd Street, Suite 210					
	City/State and Zip Code					
	ication)					
For further information co	neerning this matter, please c	ail:				
Jose	Rementeria	at ( 305 )	3320195			
Name of	Person	Area Code & Daytim	e Telephone Number			
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bı	rainswitch Ac	vertising LL	0				
(Name of the Limite	A Florida Limited I	<u>ny as it now appea</u> Liability Company)	irs on our records.)				
The Articles of Organization for this Limited I	were filed on	10/20/2006	and assig	ned			
Florida document numberL0600010	2853						
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liah	ility company he	<u>re</u> :				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	any," the designation "L	LC" or the abb	oreviation		
Enter new principal offices address, if applicable:		250 NW 23rd	d Street, Suite 210	_	₽		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33	3127	9	VSE →		
				<u> </u>	- 동문 <del>- 유당</del> -		
Enter new mailing address, if applicable:	250 NW 23rd Street, Suite 210		- -	2860 84.05 15.05			
(Mailing address MAY BE A POST OFFICE	Miami, FL 33	3127	<u> </u>	STA 			
				28	30		
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter th</u>	ie name of t	the new		
Name of New Registered Agent:	Name of New Registered Agent: Jose Rementeria						
New Registered Office Address:	210						
		En	iter Florida street addr	ess			
		Miami	, Florida	33127			
		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 MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> Address MGR Jose Rementeria 121 SW 68th Ave ✓ Add Miami, Fl. 33144 Remove Jack Sassoon MGR 4141 NAUTILUS DRIVE  $\square$  Add MIAMI BEACH EL 33140 ✓ Remove MGRM Jack Sassoon 4141 NAUTILUS DRIVE ✓ Add MIAMI BEACH FL 33140 Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 29 2009 Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Jose Rementeria

Filing Fee: \$25.00