## 106000120432

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**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

то:	Registration Section Division of Corpo			
SHRH	ECT:	MSGI TEC	HNOLOGY, LLC	
SOBJE			ted Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		SC	COTT P. WEBER ESC	)
			Name of Person	
PHELPS DUNBAR LL				
			Firm/Company	
10 S. ASHLEY DRIVE, SUITE 1900				: 1900
			TAMPA, FL 33602	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual repo	rt notification)
For fur	ther information con	cerning this matter, please c	all:	
	SCOT	P. WEBER	at (_813 )	4727892
	Name of P	erson	Arca Code & l	Daytime Telephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division ( P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration Division of C Clifton Build	Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MSGI TECHNOLOGY, LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
(A Florida Ellinica Elaolitty Company)		
The Articles of Organization for this Limited Liability Company were filed on OCTOBER 21, 2009 and assigned		
Florida document numberL06000122432		
This amendment is submitted to amend the following:		
· · · · · · · · · · · · · · · · · · ·		
A. If amending name, enter the new name of the limited liability company here:		
	<del></del>	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrev "L.L.C."	ation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	_	
Trincipal Office dadress MOST BE A STREET ADDRESS)	_	
	—	
Enter new mailing address, if applicable:		
	_	
(Mailing address MAY BE A POST OFFICE BOX)		
·	_	
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:		
Name of New Registered Agent:	_	
New Registered Office Address:		
Enter Florida street address		
, Florida		
City Prip Code		
New Registered Agent's Signature, if changing Registered Agent:	g.	
AS A	-	
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	'h Bind	
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document	ųs	
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	7	

company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGRM	ANGEL E. CINTRON	5426 Bay Center Drive Suite 100 Tampa, FL 33609	✓ Add ☐ Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
<del> </del>			Add Remove
			Add Remove
D. If amen	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necess	sary.)
_			
_	DECEMBED 10	0603	
Dated	DECEMBER 18 Signature of 4 mag	mber or surflorized representative of a member	FIL 10 JAN 25 SECRETARN TALLAHASS
	<i>Y</i>	ANGEL E. CINTRON	
		yped or printed name of signee Page 2 of 2	PH 3: 59 OF STATE EE, FLORID
		Filing Fee: \$25.00	<b>Б</b> ш <b>С</b> О