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| Special Instructions to Filing Officer: |
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EXAMINER

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| CORPORATION NAME(S) & DOCU | JMENT NUMBER(S), (if | 5 7 |
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| 2. (Corporation Name) | (Document#) | · · · · · · · · · · · · · · · · · · · |
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| 4. (Corporation Name) | (Document #) | |
| Walk in Pick up time | | Certified Copy |
| Mail out Will wait | Photocopy | Sertificate of Status |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger | A., Officer/Director red Agent drawal |
| OTHER FILINGS | REGISTRATION/OU | <u>JALIFICATION</u> |
| Annual Report Fictitious Name | Foreign Limited Partnershi Reinstatement Trademark Other | i p |
| CD25011/4/07 | | Examiner's Initials |
| CR2E031(7/97) | | |

COVER LETTER

| TO: Registration Sec Division of Corp | | | • |
|--|---|--|--|
| subject: Change | | INTERNATIONAL LLC ited Liability Company) | |
| | Amendment and fee(s) are sub | - | |
| Please return all correspor | idence concerning this matter | to the following: | · |
| | Patrick L. Murray, Esq. | (Name of Person) | FILED OBJUL-9 PH 4: 35 TALLAHASSEE, FLORD |
| | Shutts & Bowen LLP | | FILE |
| | | (Firm/Company) | SEE P |
| | 201 S. Biscayne Bouleva | rd, Suite 1500 (Address) | H. 35 |
| | Miami, FL 33131 | | P |
| | | (City/State and Zip Code) | |
| For further information co | ncerning this matter, please ca | all: | |
| Patrick L. Murray, Esq | · | at (305 ₎ 379-9129 | |
| (Name of | (Name of Person) (Area Code & Daytime Telephone Number) | | elephone 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) |
| Registra Division P.O. Bo | NG ADDRESS: tion Section t of Corporations x 6327 see, FL 32314 | STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Zip Code)

| MANZI INTERNA | | | |
|--|--|----------------------------|-------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | y as it now app lability Company | ears on our records.) | 7 |
| The Articles of Organization for this Limited Liability Company villerida document numberL07000032524 | were filed on _ | March 27, 2007 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | lity company h | <u>iere</u> : | |
| AD MEDIA GROUP LLC | | , | |
| The new name must be distinguishable and end with the words "Limite L.L.C." | ed Liability Con | npany," the designation "I | LC" or the abbreviation |
| 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) | | · | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here | | our records, enter t | he name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | Enter Florida street add | Irocci |
| | | | vy |
| | | Florida | |

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.

(City)

(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 Title **Address Name Type of Action** _ Add Remove Add
 Remove Remove ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated _ Signature of a member of authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Patrick L. Murray, Authorized Representative

Filing Fee: \$25.00