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T. HAMPTON

SEP - 9 2008

EYAMINER

COVER LETTER

· Division of Corporations						
SUBJECT:	HYBRID	MEDIA SOLUTI	ods LLC			
•	(Name	of Limited Liability Company)				
The enclosed A	rticles of Amendment and fee(s)	are submitted for filing.				
Please return all	correspondence concerning this	matter to the following:				
		RAN (Name of Person)	15			
	HYBRU	(Firm/Company)	MONS			
	64 CT	POSS CREEK F	20 412			
	MIRAM	(City/State and Zip Code)	32550			
For further infor	mation concerning this matter, p	lease call:				
BRYA	(Name of Person)	at (858) 5c (Area Code & Day	ytime Telephone Number)			
Enclosed is a ch	eck for the following amount:					
\$25.00 Filing	g Fee \$\square\$\$30.00 Filing Fee Certificate of State		Sed) \$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

. 1

	MEDIA DOL	-UTIONS IC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Company were filed on MA	Zoo1 and assigned	
Florida document number <u>C07000</u> \$5	937		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		80 × 41	
(Principal office address MUST BE A STREET ADD)	RESS)	LANA STA	
		RY OF S	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		records, enter the name of the new	
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.

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

MGR = Manager

MGRM = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
Marm	NEIL LIGHT	64 CROSS CREEK STACK STACK	Add Remove
	- 		Add Remove
			Add Remove
			Add Remove
	·····		Add Remove
			Add Remove
<u> </u>	CEASE RE SUIZE 'MAR' FOR Eq. 4. 2008		
_		Or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00