

L07000064420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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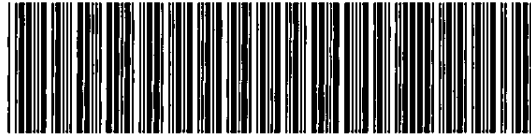
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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\$25 Filing Fee

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Big Brand Network LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Santore  
(Name of Person)

Big Brand Network LLC  
(Firm/Company)

533 NW 105<sup>th</sup> Dr.  
(Address)

Coral Springs, FL 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Santore  
(Name of Person)

at 646 373 -2237  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

Big Brand Network LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/19/2007 and assigned  
Florida document number 107000064420

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Greg Santore

New Registered Office Address:

533 NW 105th Dr

(Enter Florida street address)

Coral Springs

(City)

Florida

33071

(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

| Title | Name             | Address                                             | Type of Action                                                                    |
|-------|------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------|
| MGRM  | Jeremy M. Brakes | 4701 N. Federal Hwy #380<br>Pompano Beach, FL 33064 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove        |
| MGRM  | Richards Brands  | 4701 N. Federal Hwy #380<br>Pompano Beach, FL 33064 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove        |
| MGRM  | Greg Santore     | 533 NW 105th Dr.<br>Coral Springs, FL 33071         | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br>ADD |
|       |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                   |
|       |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                   |
|       |                  |                                                     | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                   |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

November 01, 2007

Signature of a member or authorized representative of a member

Typed or printed name of signee

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