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## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	ECT:	Feuer und \	Wasser Group, LLC		
50202			ited Liability Company	<del></del>	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
			Scott McWilliams		
			Name of Person		
			Firm/Company		
		P	ost Office Box 530369		
			Address		d. 3
		Mia	ami, Florida 33153-0369		
			City/State and Zip Code		EC 31
For fur	ther information	E-mail address: (	to be used for future annual report notificat	ion)	TALL ANASSEE FE DAIL
	0 -	. 11 8 4 - 3 8 PHY			高元 5
	<del></del>	ott McWilliams of Person	at ( 786 ) 37  Area Code & Daytime To	6-3373 elephone Number	<del></del>
		the following amount:			
<b>\$2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate Certified C (additional	of Status &
	Regist Division P.O. B	LING ADDRESS: tration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida		A. UC ars on our records.)		<del></del>	
The Articles of Organization for this Limited Liability C			and	l assigne	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company he	ere:			
305 Medi	a Management, LLC				
The new name must be distinguishable and end with the world.L.C."	rds "Limited Liability Comp	oany," the designation "	LLC" or t	he abbr	eviation
Enter new principal offices address, if applicable:			<u> Zg</u>	2003	
(Principal office address MUST BE A STREET ADDI	RESS)		70 CO	<u> </u>	****
			<u> </u>	<u>က</u> ယ	कर १क्स्पुक स्थानसम्बद्धाः
			# <del>*</del>		**************************************
Enter new mailing address, if applicable:				] 	, re÷
(Mailing address MAY BE A POST OFFICE BOX)			25	ب <u>پ</u> 	
			0,377. 37	Ċ٦	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter	the nam	e of th	e new
Name of New Registered Agent:					
New Registered Office Address:					
	Ei	nter Florida street ada	lress		
		, Florida		·	
	City		Zip C	ode	

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

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
<del>-</del>			Add
. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
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Dated	29 December, 2	009	SECOL AM
Dated	Coff of	er or authorized representative of a member	SELVEN DE AN ION AS

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Filing Fee: \$25.00