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SECRETARY OF STATE
FALLAHASSEF OF STATE

J. SAULSBERRY EXAMINER SEP 28 269

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: In - Store Media Stoup, 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:
Andy Chatty Name of Person In-store Media Group, LLC Firm/Company
9117 S.W. GStreet PS B.
Miami, Fl. 33174 City/State and Zip Code Sen of the Land Color (Company) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
And Charry at 305, 298 - 5503 Name of Person at 305, 298 - 5503 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \$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

Name of the Limited Liability Compania (A Florida Limited Liability Compania)	grow appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 383764037.	were filed on $\frac{10\cancel{3}\cancel{5}\cancel{2007}}{2007}$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	ility company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	70 S
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 here:	
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 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Michael Gr	eenleaf 214 Summeenleaf seattle, WA	1 Aug. E. Add
	95	eenleat <u>seattle</u> , wa	
			Add Remove
<u> </u>		***************************************	Add
	•	***************************************	Remove
			Add Remove
			Add
D. If a	mending any other information,	enter change(s) here: (Attach additional	
			Da N
			FILE 2011 SEP 26 A SECRETARY OF AULLAHASSEE.
			mo _ rm
Dated _	Sept 21	. 201	FSTATE FEORIDA
	Signature	of a niember or authorized representative of	a member
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00