L07000124604

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EXAMINER



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08/31/09--01032--014 **25.00

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	BALLPOI	NT MEDIA, LLC.			
	Name of Limi	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Gregory E Patterson				
Name of Person					
BALLPOINT MEDIA, LLC					
Firm/Company					
9603 Saragossa St					
		Address			
Clermont, FL					
		City/State and Zip Code			
	gre E-mail address: (greg@ballpointmedia.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	·	·		
Greg	ory E Patterson	at (407) 3	10-0467		
Name	e of Person 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 A...

TO

ARTICLES OF ORGANIZATION DIVISION OF STATE CORPORATIONS 09 AUG 31 AM 8: 37 BALLPOINT MEDIA, 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 Liabi	ility Company were filed on	December 17, 2007	_ and assigned	
Florida document numberL0700012460	04			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company	here:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Co	mpany," the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or		on our records, enter the	name of the new	
registered agent and/or the new registered office	e address nere:			
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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	EDUARDO MELTZ	ER 638 HAZEL ST ORLANDO, FL 32804	✓ Add Remove
			Add Remove
	· ·		Add Remove
	***** · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information	, enter change(s) here: (Attach additional she	ets, if necessary.)
_			
Dated	Aug 27		
	Signatu	re of a member or authorized representative of a me	8-27-09
		Gregory E Patterson	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00