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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

T. CLINE

JUN 1 2 2008

EXAMINER

COVER LETTER

Division of Corp	orations			
SUBJECT. White S	quare Media, LLC.		•	•
SUBJECT: TTIMO O		ed Liability Company)		N.J
The enclosed Articles of /	\mendment and fee(s) are subm	itted for filing.		
Please return all correspon	ndence concerning this matter to	the following:		
		·		
	Andrew Incorvia			
		(Name of Person)		
	White Square Media, LLC.			
		(Firm/Company)		
	757 SE 17th St., Ste. #224	l		
		(Address)		
	Fort Lauderdale, FL 33316			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please cal	l:		
Andrew Incorvia		at (561) 427.5960	ALL SEC	788
(Name o	f Person)	(Area Code & Daytime 7	Selephone Number	
			ASS.	
Enclosed is a check for th	e following amount:			
25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	■\$60.00 Filing £¢e, =	1
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy))
			(additional copy is c	nclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Square Media, LLC.		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	
· (ional Billion y Compa	, /	
The Articles of Organization for this Limited Liability Company were filed on	Jan/04/2008	and assigned
Florida document number L08000002368		
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 Co	ompany," the designation "LLC"	or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	\mathbb{Z}_{φ}	
Enter new mailing address, if applicable:	ייר ל. בכיו	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	HC AA	E (
	SSE SSE	
		E []
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the	**
ing stered agent and of the new registered once data ess nere.	RA DE	09
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street addres	·····
(City)	, Florida	Zin 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 **Address** Type of Action <u>Title</u> <u>Name</u> MGRM Jolie Maybaum 757 SE 17th St., #224 _ ✓ Add Fort Lauderdale, FL 33316 Remove Remove ☐ Remove □ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated June 6th 2008 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

INCORVIA

Filing Fee: \$25.00