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PICK-UP	WAIT	MAIL		
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(Docum	ent Number)			
Certified Copies	Certificates of	Status		
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Special Instructions to Filing Officer:				
A. LUNT				
	MAR -	5 2008		
EXAMINER				
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COVER LETTER

Division of Corporations
SUBJECT: FLITURE Mobile Media, 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:
Esperanza C. Ravelo (Name of Person)
Future Mobile Media, UC (Firm/Company)
11855 SW 43 ST
Miami, FL 33175 (City/State and Zip Code)
For further information concerning this matter, please call:
ESPETONZO C KOVEIO at (786) 340 - 473 9 W (Area Code & Daytime Telephone Stamber) 2
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Future Mobile	Media ILC	
(<u>Name of the Limited Li</u> (λ Flo	ibility Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi Florida document number LOS OOOOL	lity Company were filed on 1-1	8 - 2008 and assigned
This amendment is submitted to amend the followi	ng:	
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."	ne words "Limited Liability Company,"	the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		NAR - 3 AHASSE
New Registered Office Address:	(Fnier	Florida streat address)
-		DF 0 , 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MNG	Fernando Percz	1107 South Pines ST.	Add Remove
			Add Remove
			Add Remove
			Add Remove
		HASSEE. FL	Add Remove
		J: 04 TATE ORIDA	
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.) —–
			_
Dated <u>D</u> 2	-27-08 Fort	· Wh	
	FERNAM	or authorized representative of a member Ne Roll (8) or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00