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ALLAHASSEE, FLORIDA

D. BRUCE

SEP 0 9 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	CHelsen Men Name of Lim	ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are su	bmitted for filing.			
Please return all correspon	dence concerning this matte	r to the following:			
	Per	Name of Person A Merchant Group, Firm/Company			
		Name of Person			
	CHelse	a Merchant Group,	LLC		
		Firm/Company			
	208:	35 N.E. 318+PL. Address			
		Address			
	Mian	Ni, FL. 33180 City/State and Zip Code		a wy	
	_			A 100	
	E-mail address: (PEMAC. CoM to be used for future annual report notificati	ion)	RET AHA	
For further information co	ncerning this matter, please of	eall:		SSEI SSEI	-
Perri F.) llak	at (305) 215-024 Area Code & Daytime Te	12	1 SEP -8 AH 10: 17 LURETARY OF STATE LLAHASSEE, FLORIDA	
Name of I	Person	Area Code & Daytime Te	lephone Number	17 RIDA	
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 Certificate of Certified Contact (additional contact)	of Status &)

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

CHelsen Me	erchant GROUP, LLC					
•	ility Company as it now appears on our records.) da Limited Liability Company)					
The Articles of Organization for this Limited Liabilit	by Company were filed on $\frac{1/24/08}{}$	and assigned				
Florida document number <u>208 0000 10 1 .</u>	<u></u>					
This amendment is submitted to amend the following	3:					
A. If amending name, enter the new name of the						
The new name must be distinguishable and end with the	Media GROUP, LLC					
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	1 s				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD	DRESS)	SSR CO				
		er File Control Contr				
		ORA C				
Enter new mailing address, if applicable:		DA 7				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or re	gistaned office address on our records enter	the name of the new				
registered agent and/or the new registered office a	-	the name of the new				
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, 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>	<u>Name</u>	Address	Type of Action
MGR	JAY Pollak	20835 N.E. 3180 PL.	Add Remove
	<u> </u>		Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.,	11 SEP
			RY OF STATE SEEE, FLORIDA
Dated	Sept. 7th	_, <u>2011</u> . D: DOW	7
	Signature o	of a member or authorized representative of a member Peri Pollak Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00