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EXAMINER



000130074970

05/23/08--01033--013 **25.00

COVER LETTER

Division of Corporations		
SUBJECT: FLASHBRIEF, LE		
(Name of Limited Liab	ility Company)	
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.	
Please return all correspondence concerning this matter to the fo	llowing:	
William S.	Jones me of Person)	
Flashbrie	ern/Company)	
1417 N. Sema	Man Blud. Ste 207	
Orlando,	CL. 32807 ate and Zip Code)	
For further information concerning this matter, please call:		
William S. Jones (Name of Person)	(Area Code & Daytime Telephone Number)	-
Enclosed is a check for the following amount:		
Certificate of Status C	5.00 Filing Fee & Sertified Copy additional copy is enclosed) Sertified Copy (additional c	Status &

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Or	.7	١٩٥١ و ١٩٠٩
Flashbrie	ef, LLC	•	A 5. 30
(Name of the Limited Liabilit	y Company as it now as Limited Liability Compa	opears on our records.)	
`	•		
The Articles of Organization for this Limited Liability	Company were filed on	2/28/200	28 and assigned
Florida document number L0800021313	ર્ગ .		
			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	v here:	
			
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability C	ompany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
	 		
Enter new mailing address, if applicable:			<u></u>
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or regis		on our records, enter	r the name of the new
registered agent and/or the new registered office add	iress 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, 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	Address	Type of Action
MGR		2711 Centerville Read Stc. 400 Willmington, DE 19808	-
u <u>erm</u>	Flashbriet Communication, Lin	Wilmington, DE 19808	Add Remove
		Wilmington, DE 19808	Add Remove
M6RM	William S. Jones	011ondo, FL. 32807	
			_☐ Add _☐ Remove
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	.,		_
	May 22, 200	&	_
	Signature of a member of	r authorized representative of a member	 -
	William	rprinted name of signee	

Page 2 of 2

Filing Fee: \$25.00