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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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S. HAWKES

MAY 2 7 2009

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo					
SUBJE	CT:	Digital Adve	ertising Now, LLC			
	··· <u></u>		ted Liability Company			
		mendment and fee(s) are sub	-			
			Andrea Ippolito			
- - -			Name of Person			
		Digit	al Advertising Now, LLC			
			Firm/Company			
		10	038 Route 88, Suite 2			
			Address			
		Po	int Pleasant, NJ 08742			
_			City/State and Zip Code			
		E-mail address: (1	drea@oceanatm.com	otification)		
For further information concerning this matter, please call:						
	Andı	rea Ippolito	at (732)	899-9009		
Name of Person			time Telephone Number			
Enclose	ed 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 enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)		
	MAILIN	NG ADDRESS:	STREET/COU	RIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Digital Advertisir	ng Now, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on	3/21/08	and assigned
Florida document numberL08000029118			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here	;	
Digital Advertising I	•		
The new name must be distinguishable and end with the words "Limite L.L.C."	d Liability Compar	y," the designation	O'C' or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u>A</u> o
•			P P
			38 38 38
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Ente	er Florida street aa	ldress
		, 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 **Title** <u>Name</u> **Address** Type of Action ☐ Add Remove Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 21 2009 Dated ___ Signature of a member or authorized representative of a n Andrea Ippolito Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00