108000031722

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M. Thomas MAY 20 200

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJECT: All Platforms Media, LLC				
DC 20.		(Name of Lin	ited Liability Company)	
The en	closed Articles of Amendme	nt and fee(s) are sul	omitted for filing.	
Please	return all correspondence co	ncerning this matter	to the following:	
Robert Di Cerbo (Name of Person)				
All			Platforms Media, LLC (Firm/Company)	
1			800 Golfview Street	PILED PAIR: 17 08 MAY 19 PAIR: 17 SECRETARY OF STATE FALLANDSSEE. FLORIE FALLANDSSEE.
			(Address)	- SSECOND
		Orlando, FL 32804		
			(City/State and Zip Code)	OFFIGE TA
For fu	ther information concerning	this matter, please of	all:	•
	Robert Di Cerbo		at (407) 620-8264	
	(Name of Person)		at (407) 620-8264 (Area Code & Daytime Te	lephone Number)
Enclos	ed is a check for the followir	ig amount:		
\$25		00 Filing Fee & rtificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADD	DFSS.	STREET/COURIER	ADDRESS:

MAILING ADDRESS:

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

STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

All Platforms Me (Name of the Limited Liability Company (A Florida Limited Lia	edia, LLC as it now apper bility Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberL08000031722	ere filed on	03/27/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	ere:	08 MAY
The new name must be distinguishable and end with the words "Limited "L.L.C." B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:			PH 12
Name of New Registered Agent:			
New Registered Office Address: (Enter Florida street address)			
((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 = Ma MGRM = !	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Robert Di Cerbo	800 Golfview Street Orlando, FL.32804	Add Remove
<u>MGRM</u>	Mark Cosgrove	370 Waterfali Lane Winter Park, FL 32792 MGRM	Add Remove
MGRM	Robert Di Cerbo	800 Golfview Street Orlando, FL 32804	Add Remove
	<u> </u>		O8 MAY 19 PM 12: 17 SECONO FOR STATE Add CRemon Control Remondation A dd CRemon Control Remondation A dd CRemon Control A dd Cre
			Add Too
			Add Remove
D. If amen	FEI Numberhas	nnge(s) here: (Attach additional sheets, if necess) been received: 36- Sunsiz listing	
Dated	15).	1008	
	Туј	Robert Di Cerbo ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00