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SECRETARY OF STATE

D. BRUCE

JUN 16 2009

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJECT: OUTDOOR NETWORK, LLC Name of Limited Liability Company					
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			Betsy Jones		
Name of Person					
	G. Luis Alday, CPA, P.A. Firm/Company				
	2401 E. Atlantic Boulevard, Suite 410				
Address Pompano Beach, Florida 33062					
				2	
City/State and Zip Code betsyjones@glacpa.com				AS S	
				∑2 2 -	
		E-mail address: (to be used for future annual report no	tification)	TAS A
For fur	ther information con	cerning this matter, please o	eall:		O9 JUN 15 AM SECRETARY OF NLLAHASSEE, F
	G. LUIS	ALDAY, CPA	at (_954_)	580-4004	
	Name of F	Person .	Area Code & Dayt	ime Telephone Number	D 9: 18 STATE LORIDA
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 enclos		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

OUT	DOOR NETWORK, L	LC			
(Name of the Limited Lin	ability Company as it now apported Limited Liability Compan	ears on our records.)			
(A FI	опоа пітнео павінну Сотрап	у)			
The Articles of Organization for this Limited Liabi		MARCH 28, 2008	and assigned		
Florida document numberL0800003209	<u>)2 </u>				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability company	here:			
The state of the s	- ALTEROOF - 11100-12-1				
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19.4 4 447.3	(C)) 4 11 1		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Con	mpany," the designation "Li	_C" or the abbreviation		
Enter new principal offices address, if applicable	e:		- 		
(Principal office address MUST BE A STREET A	(DDRESS)		<u> </u>		
			HE S		
			15 SSE SSE		
The transfer of the state of the Cookless			me ≥ n		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		9: 18 STATE CORID		
			<u> </u>		
B. If amending the registered agent and/or		n our records, <u>enter tl</u>	ie name of the new		
registered agent and/or the new registered office	e address here:				
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street addr			
	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

Title	Name	Address	Type of Action			
MGRM	THOMAS D'AZEVEDO	730 US 27 NORTH LAKE PLACID, EL 33852	Add Remove			
MGRM	BILLYE D'AZEVEDO	730 US 27 NORTH LAKE PLACID, FL 33852	Add Remove			
MGR_	THOMAS D'AZEVEDO	730 US 27 NORTH LAKE PLACID, FL 33852	✓ Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_			
-			O9 JUN 15 TALLAHIARY			
4			m £ m			
Dated	JUNE 9 , 20	6/4	9: 18			
Signature of a member or authorized representative of a member						
THOMAS D'AZEVEDO Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00