LO 8000048529

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S. HAWKES
DEU 2 3 2008
EXAMINER

COVER LETTER

	gistration Section rision of Corporations					
SUBJECT: FERNANDEZ MEDIA ENTERPRISES, LLC (Name of Limited Liability Company)						
	(Name of Limited Liabi	lity Company)				
The enclose	d Articles of Amendment and fee(s) are submitted fo	r filing.				
Please return	all correspondence concerning this matter to the fol	lowing:				
	J. Bawryan	ne of Person)				
	J Beaucey Ares	Pozker P.A.				
	1900 N.W lorpor	Address)				
	BOCA AHON (City/Sta	Yor 1 3343/ te and Zip Code)				
For further i	nformation concerning this matter, please call:					
JL	(Name of Person)	561 (54) 214-329	v q			
	(Name of Person)	(Area Code & Daytime Te	lephone Number)			
Enclosed is	a check for the following amount:					
\$25.00 F	Certificate of Status Co	.00 Filing Fee & entified Copy dditional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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

TERNANDEZ	MEDIA ENTERPRISE Liability Company as it now appears on	5,226
(Name of the Limited L. (A.)	Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia Florida document number <u>Lo 80000 48</u>	ability Company were filed on <u>05/</u> 3529.	5 /2008 and assigned
This amendment is submitted to amend the follow	•	
A. If amending name, enter the new name of	the limited liability company here:	7 8 A
The new name must be distinguishable and end with	ATEGIC SOLUTION.	546 8
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	The state of
(Principal office address MUST BE A STREET	ADDRESS)	
	·	Service Servic
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	
		•
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter l	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 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		
			Add		
			Remove		
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Add Remove ↑		
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			- Helliove		
		1	Add		
	.		Remove		
	······		Add Remove		
					
			Add Remove		
			— Kemove		
		ge(s) here: (Attach additional sheets, if necessary.)			
	Tlanse Change M	langer Member adless of 1020 West Herting- Old			
<u> </u>	James B. Pozker to	1020 West Hertingor elul	<u>l.g</u>		
	DelRAY Brack Flor	dr 33483-	_		
_	•				
_			 .		
Dated		— //			
	15	- /h			
		er or authorized representative of a member			
4	JOMES K	d or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00