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SECRETARY OF STATE

D. BRUCE

JUL **29** 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ascent Interactive LLC (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Herrison Verges (Name of Person)	
Ascent Interedive LLC (Firm/Company)	11.00
2700 W. Commerce PKwy. Juile 110	08 JUL 28 SEGRETARS
Weston, FL 33326 (City/State and Zip Code)	B PH 1:37 RY OF STATE SEE. FLORID
For further information concerning this matter, please call:	37 ATE RIDA
Rosa Maria Guerrero at (984) 217-1783  (Name of Person) (Area Code & Daytime Telephone Numbe	<u> </u>
(Name of Person) (Area Code & Daytime Telephone Numbe	rr)
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te 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

Ascent In 1	teractive LLO	ars on our records )	
(A Florid	lity Company as it now appeda Limited Liability Company	)	
The Articles of Organization for this Limited Liability Florida document number <u>L08000 5029</u>	• • •	Floride	_ and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the I	imited liability company h	ere:	
	-	_	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Com	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		; 	2033 2033 2033 2033 2033 2033 2033 2033
(Principal office address MUST BE A STREET AD	DRESS)		
		v C	2 0 T
		1,	°° ≥ m
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	- <del></del>		.Ħ 37
		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on ddress here:	our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	ss)
		, Florida	
<del>-</del>	(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)

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** courtney brown ☐ Add Remove Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Hzrnson Vcr928
Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00