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**EXAMINER** 



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SCORETARY OF SECTION OF CONFESSION

## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		NAD MEDIA LLC nited Liability Company)		
	s of Amendment and fee(s) are su	· ·		
		-		
,	L. A. PERKINS, ESQ.	·		
		(Name of Person)		
	Buckingham, Doolittle &	Burroughs, LLP		
	(Firm/Company)			
	5355 Town Center Road	d. Suite 900	·	
		(Address)		
	Boca Raton, FL 33486			
		(City/State and Zip Code)		
For further information	on concerning this matter, please	call:		
L. A. PERKINS, ES	SQ.	at ( 561 ) 241-0414		
(Name of Person)		(Area Code & Daytime 1	elephone Number)	
Enclosed is a check f	or the following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate 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)	
Reg Div	AILING ADDRESS: gistration Section rision of Corporations b. Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODERNAD M			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appea	rs on our records.)	
(A Florida Limited	Elability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	5/21/2008	and assigned
Florida document numberL08000050670			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company he	<u>re</u> :	
•			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Comp	any," the designation "	LLC" or the abbreviation
L.L.C.			
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
•			R ERE
Enter new mailing address, if applicable:			<b>7</b> 9
(Mailing address MAY BE A POST OFFICE BOX)			30
			-7:
B. If amending the registered agent and/or registered of		our records, enter	the name of the ne
registered agent and/or the new registered office address he	<u>re</u> :		·
Name of Name Designated Amount			
Name of New Registered Agent:			
New Registered Office Address:	<del></del>		
	(1	Enter Florida street a	ddress)
		, 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 Type of Action <u>Address</u> Title Name WARREN RUSTIN MGR 2701 NW BOCA RATON BLVD Remove SUITE 111 BOCA RATON, FL 33431 Remove Remove ☐ Add ☐ Add ☐ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The Company shall be a manager managed company. 2008 Dated June 24 Signature of a member or authorized representative of a member Warren Rustin, Authorized Representative of Member Typed or printed name of signee

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Filing Fee: \$25.00