108000081312

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ad | ldress) | |
| (Ad | dress) | · · · · · · · · · · · · · · · · · · · |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Only | <i>,</i> |



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December 21, 2009

SHANE MARTIN 445 S. 12TH STREET 1004 TAMPA, FL 33606

SUBJECT: SWIFT MEDIA LLC Ref. Number: L08000081312

We have received your document for SWIFT MEDIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

AM 9: 58

Letter Number: 809A0003863.1

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Reserve

COVER LETTER

| Division of Co | | | | |
|-----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-----------------------------------------------------|-----------------|
| SUBJECT: | Swift | t Media LLC | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | of Amendment and fee(s) are sul | bmitted for filing. | | |
| Please return all corresp | pondence concerning this matter | r to the following: | | |
| | · | Shane Martin | | |
| | | Name of Person | | |
| | | Swift Media LLC | | |
| | | Firm/Company | | |
| | 44 | 45 S. 12th Street 1004 | | |
| | | Address | | |
| | | Tampa, FL 33606 | | |
| | | City/State and Zip Code | | |
| | | dirtiswift@gmail.com | 74 S | |
| | E-mail address: (| to be used for future annual report notification) | 2009E | ige "Sig |
| For further information | concerning this matter, please of | all; | | ier gra |
| | Shane Martin | at (813) 244-6388 | personal Si | |
| Name of Person Area Code & Daytime Telephone Number | | Area Code & Daytime Telephone Number | ————————————————————————————————————— | 4 °¥ ; - ₹ ; |
| Enclosed is a check for | the following amount: | | 9: 58 12:04:04:04:04:04:04:04:04:04:04:04:04:04: | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | e 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

| Swift Me | | |
|----------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on08-25-2008 | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and end with the words "Lim" "L.L.C." | ited Liability Company," the designation "LL | .C" or the abbreviation |
| Enter new principal offices address, if applicable: | Swift Media LLC | |
| (Principal office address MUST BE A STREET ADDRESS) | 533 South Howard Avenue, #8 | For E |
| | Tampa, FL 33606-2063 | FC 9 |
| | | |
| Enter new mailing address, if applicable: | Swift Media LLC | 29 |
| (Mailing address MAY BE A POST OFFICE BOX) | 533 South Howard Avenue, #8 | |
| | Tampa, FL 33606-2063 | (a) (b) |
| | | \$ 8 |
| B. If amending the registered agent and/or registered of | | e hame of the new |
| registered agent and/or the new registered office address her | <u>e</u> : | |
| Name of New Registered Agent: | | ···· |
| New Registered Office Address: | | |
| | Enter Florida street addre | ess. |
| | Florida | 7:- 0- 1- |
| | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------------------|-------------------------------------------------------|----------------|
| MGR_ | Barry Reyes | 533 South Howard Ave. #8 Tampa Fl. 33606 | Add Remove |
| | - | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | हा 🛎 |
| | | | Remove |
| D. If amend | ing any other information, enter cha | nge(s) here: (Attach additional sheets, if necessary) | e e e |
| | | | <u> </u> |
| | | | |
| Dated | ۰ | hau Man | |
| | Signature of a member | er or authorized representative of a member | |
| | Type | Shane Martin ed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00