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(Requestor's Name)			
(Add	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e#)	
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PICK-UP	WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Do	cument Number)	
Certified Copies	Certificate	s of Status	
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Special Instructions to	Filing Officer:		
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COVER LETTER

Division of:Corp				
SUBJECT: BE	Name of Limit	ST, LC (ted Liability Company)	 .	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspor	ndence concerning this matter t	to the following:		
	DANIEL N	(Name of Person)		
	BIIIBOARDS	USA (Firm/Company)		
		URDOCK CIRCLE (Address)		
•	PORT CHAI	City/State and Zip Code)	48	
For further information co	oncerning this matter, please ca	all:		
DAN CUEINI (Name of Person)		at (941) 629-111. (Area Code & Daytime T	at (941) 629-1115 (Area Code & Daytime Telephone Number)	
Enclosed is a check for th	e 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)	

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

FILED 2000 OCT -8 PM 2: 14

	-	ork) C
	TT WEST, LLC	JEURETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Liability (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{9}{}$	3/08 and assigned
Florida document number <u>L08000839</u>	12	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
BILIBOARDS USA WEST, LL The new name must be distinguishable and end with the w	·C	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	(Enter	· Florida street address)
	(2	, 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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
· 			Add Remove
			Add Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	sary.)
_			2000 OCT
· _	10/0		8 T
Dated	Nacm	08	PH 2: 14
		er or authorized representative of a member	37
		d or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00