L08000104076

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE FLORIDA

)9 SEP 30 AM 8:

COVER LETTER

Division of Co						
SUBJECT:	Stem Ce	ell Holdings, LLC				
Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matter	r to the following:				
		Tyler Lanza				
Name of Person						
		Firm/Company				
333 NW 107th Terrace						
	_	Address				
	Cc	Oral Springs, FL 33071 City/State and Zip Code				
	t	/lerlanza@gmail.com				
	E-mail address: (to be used for future annual report notific	ation)			
For further information	concerning this matter, please of	eall:				
	Tyler Lanza	at (954)	93-7592			
Tyler Lanza at (954) S Name of Person Area Code & Daytime		Telephone Number				
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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

St	em Cell Holdings, LLC		
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lial	bility Company were filed on	11/07/2008	and assigned
Florida document numberL080001040	76		_ ,
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>æ</u> :	
Arro	whead Media Group, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OY)		
Training dutatess WAT DE ATOST OFFICE BY			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addı	ess
		, Florida	
	City		Zjp Code
New Registered Agent's Signature, if changing Re	gistered Agent:		SER TO
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	per and complete performance ered agent as provided for in Ch gistered office address, I hereby	of my duties, and I a napter 608, F.S. Or, i	n familiar with and f this document is

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 = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Domous
			□ n
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Pamova
			Add
D. Ifamen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	ssary.)
<u></u>	-		
 Dated			O9 SEP
<u></u>	Tyler	er or authorized representative of a member A Lanza d or printed name of signee Page 2 of 2	FILED EP 30 AH 8:149 ETARY OF STATE WHASSEE FLORIDA

Filing Fee: \$25.00