

Division of Corporations

FAX AUDIT NO.: H090001389513

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L09000015881

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLORIDA VIEW OUTDOOR ADVERTISING LLC

Certificate of Status	0
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T. HAMPTON

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JUN 10 2009

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EXAMINER

JUN -9 2009 12:00PM

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FLORIDA VIEW OUTDOOR ADVERTISING LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on February 17, 2009 and assigned Florida document number L09000015881.

This Amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOOK OUTDOOR LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter the new principal office address, if applicable:

(Principal office address must be street address)

Enter the new mailing address, if applicable:

(Mailing address may be a post office box)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Address

City _____, Florida _____ Zip Code _____

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MICHAEL J. FREEMAN, P.A.

Jun. 9. 2009 12:00PM

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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

C. 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>	<u>Address</u>	<u>Type of Action (add or remove)</u>
MGRM	Abigail C. Freeman	3225 Aviation Avenue Suite 501 Coconut Grove, FL 33133	REMOVE
MGRM	John M. Peterman	1000 E. 80 Place Suite 700 North Merrillville, IN 46410	ADD

D. If Amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated: June 9, 2009.


Signature of a member or authorized representative of a member

Michael J. Freeman
Typed or printed name of signee

Filing Fee: \$25.00

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MICHAEL J. FREEMAN, P.A.

Jun. 9. 2009 12:00PM