## L090000/9/09

(Ren	juestor's Name)	
(1.00)	, according that they	
(Add	Iress)	
(Add	lress)	
(City	/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
A.	LUNT	
JUN	<b>3 0</b> 2009	
EXA	MIKICE	
-/V~	Office Use On	<b>l</b>



000157818910

06/29/09--01032--005 \*\*25.00

2009 JUN 29 PM 3: 4:
SECRETARY OF STATE
TALLAHASSEE, FI ORIG

FILED

## **COVER LETTER**

Division of Corporations
SUBJECT: Total Media International LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Johnattan Esteban Filgueira B. Name of Person
Total Modia International LIC Firm/Company
10th Modia International III  Firm/Company  3836 More's Bridge Rd.  Address  Address  2ephyphills FL 33543  City/State and Zip Code  According to the control of the contro
2ephyphills, FL 33543 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Ceuz at (813) 345-8503
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee &  \text{Certified Copy (additional copy is enclosed)}} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}}
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Total Media Intern	ational LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears of ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 0900019109</u> .	pany were filed on	25/09	and assi	gned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited	liability company here:			
<del></del>				
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company	the designation "LL"	C" or the at	breviation
Enter new principal offices address, if applicable:		L A	JUN JUN	-
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		N 29	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FLOR DA	PH 3:	ED
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter th	e name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				-
rew registered Office Address.	ess			
		, 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 <u>Title</u> **Name** Address **Type of Action** MARM Morelba Perez X Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) <u>2</u>009 ignature of a member or authorized representative of a member Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00