L09000026757

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C. LEWIS

DEC _9 2009

EXAMINER

COVER LETTER

Division of C						
SUBJECT: Input Ladder LLC						
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	pondence concerning this matter	r to the following:				
		Mark Hall				
Name of Person						
	Input Ladder LLC					
Firm/Company						
		PO Box 267032				
		Address				
	For	t Lauderdale, FL 333	26			
		City/State and Zip Code				
	Col	ntact@inputladder.coi to be used for future annual rep	m	_		
			ort notification)		
For further information	concerning this matter, please of	call:				
	Mark Hall	at (954)	205-	3457		
Name	of Person	at (_954_)	Daytime Telep	phone 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 en	nclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAI	LING ADDRESS:	STREET/C	COURIER A	DDRESS:		

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

FILED

OF DEC-8 PM 18 01

Celebration	s Media LLC		SEURE ASSEE, FLI	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	MEEL	
The Articles of Organization for this Limited Liability Compan	y were filed on	3/19/2009	and assigned	
Florida document numberL0900026757				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :		
Input Lac	lder LLC			
The new name must be distinguishable and end with the words "Lir" L.L.C."	nited Liability Compa	any," the designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicable:		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
(Principal office address MUST BE A STREET ADDRESS)		·		
Enter new mailing address, if applicable:	PO Box 2670	032		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderd	ale, FL 33326		
				
B. If amending the registered agent and/or registered of		our records, enter	the name of the new	
registered agent and/or the new registered office address he	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	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 amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces.	sary.)
 Dated			TAKE TO THE
	Signature of a member	for authorized representative of a member	TALLARSEE PR
		or printed name of signee Page 2 of 2	R PRINTE

Filing Fee: \$25.00