

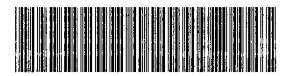
(Re	questor's Name)		
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G. MCLEOD

MAR 21 2011

**EXAMINER** 



200198364912

200198364912 03/18/11--01034--015 \*\*25.00

IN MAR 18 AM II: 13

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations				
SUBJECT:	Cloudbreak	Planning Group LLC		
SUBJECT,		nited Liability Company		
·				
the enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
		Joshua Nichols		
		Name of Person		
		Firm/Company		
		106 Ocean Cay Way		
		Address		
		Hypoluxo, FL 33462		
		City/State and Zip Code		
	nichols	j@cloudbreakplanning.com	]	
		to be used for future annual report notif	fication)	
For further information	concerning this matter, please	call:		
	Josh Nichols	at (_561 )	676-4449	
Name of Person		Area Code & Daytim	e Telephone Number	
	4.61			
Enclosed is a check for	-			
\$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:		STREET/COURI		
	tration Section on of Corporations	Registration Section Division of Corporation		
P.O. I	Box 6327	Clifton Building	ations	
Tallahassee, FL 32314		2661 Executive Ce Tallahassee, FL 32		

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

Cloudbreak Plann	ning Group LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. iability Company)	
The Articles of Organization for this Limited Liability Company v	were filed onApril 13, 2009 and assign	ned
Florida document numberL09000035804		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
AMFM L	LLC	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abb	reviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	ARE T	11
Enter new mailing address, if applicable:	18 18	Taracture Taracture Taracture
(Mailing address MAY BE A POST OFFICE BOX)	E.O.	П
	FL0	
	77 <u>-</u> 70 <b>-</b>	
B. If amending the registered agent and/or registered offic	ice address on our records, enter the name of t	he new
registered agent and/or the new registered office address here:	;	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Prortate Street address	
	, 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 = 1	anager Managing Member		
<u>Title</u> .	<u>Name</u>	Address	Type of Action
			Add Remove
····			Add Remove
			Add Remove
			Add Remove
The State St			AddRemove
<del></del>	· · · · · · · · · · · · · · · · · · ·		
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets	s, if necessary.)
Dated	February 23		
			<i>-</i>
	Signature	of a member or authorized representative of a mem	бег
		Typed or printed name of signee	

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Filing Fee: \$25.00