## L0900054041

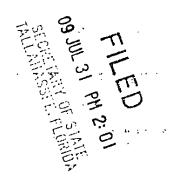
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| ;                                       |
| . ··· (Business Entity Name)            |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



900159054679

07/31/09--01012--002 \*\*25.00



S. HAWKES

AUG 3 2009

EXAMINER

## COVER LETTER '

TO: Registration Section

| Division of Corporations  |
|---|
| SUBJECT: Advanced Adventising Media, 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:   |
| Sandy Jernigan  Name of Person  Advanced Adventising Media  Firm/Company  |
| Firm/Company  |
| 7 Dogwood Dr. Address   |
| Shalimar FL 32579  City/State and Zip Code  Ladvierniaan amail. Com  E-Ind address: (to be justed for future admual report notification)  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| To Tallio morniado concernaga ano marco, presso can:  |
| Sandy Jernigan at (850) 651-8842 Name of Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified 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

| Advanced Advertising Media, LLC  |
|--|
| (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)   |
| The Articles of Organization for this Limited Liability Company were filed on 6-4-09 and assigned  |
| Florida document number <u>L0900054041</u> .   |
| This amendment is submitted to amend the following:  |
| A. If amending name, enter the new name of the limited liability company here:   |
|  |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |
| (Principal office address MUST BE A STREET ADDRESS)  |
| 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 street address   |
|  |
| 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 |

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, nathe, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** Title Name **Address** MGR Charles H. Jernigan ☐ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member of authorized representative of a member

Sandy Sernigan

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00