## L0900058092

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JUN 262009
EXAMINER

## STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA'
'LL.M. IN TAXATION

THE HAMILTON
2799 NW Boca Raton Blvd., #203
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
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June 23, 2009

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

Invidia Marketing LLC

Dear Sir/Madam:

This correspondence is to request Amendment to a recently organized Florida Limited Liability Company.

Specifically, enclosed herein you will find in duplicate original Articles of Amendment to Articles of Organization of Invidia Marketing LLC whereby the name of the company is changed to G-1 Media LLC.

Also enclosed is our check in the amount of \$25 as payment for fees due.

Please be so kind as to return in the enclosed self-addressed, pre-paid UPS envelope, all appropriately stamped documents indicating this change as made.

If you should have any questions as regards to this matter, please do not hesitate to contact the undersigned at our office telephone number in Boca Raton as listed above.

Sincerely,

STE

EN 🛦. SCIARRETTA, P.A.

Enclosure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A MARKETING LLO	
(Name of the Limited Liabil (A Florid	ity Company as it now appe a Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability	Company were filed on	JUNE 16, 2009 and assigned
Florida document numberL0900058092	·	
This amendment is submitted to amend the following:		25 P
A. If amending name, enter the new name of the li	mited liability company he	ere:
	G-1 MEDIA LLC	<u> </u>
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida 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 = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** \_ Add ☐ Remove ☐ Add Remove Remove ŝ \_\_\_Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00