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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : 120120000052 Phone : (305)591-9180 Fax Number : (305)591-9167

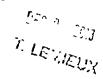
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNA BRANDING ADVERTISING, LLC

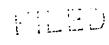
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



r.	·)r	of the	
BRANDING ADVERTISING, L			2819 DEC -5 P 1: 55	
(Name of the Lin	(A Florida Limited	any as it now appears on Liability Company)	our records) [Act. Ann. Oct. 12 Child	
The Articles of Organization for this Limited Florida document number L09000067120	Liability Company	were filed on 07/13/2	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited lial	ollity company here:		
The new name must be distinguishable and contain the	words "Limited Liab	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icahle:	1444 BISCAYNE BI	.VD	
Principal office address MUST BE A STRE	ET ADDRESS)	STE 224		
		MIAMI, FL 33132-1	430	
Enter new mailing address, if applicable:		1444 BISCAYNE BI	.VD	
(Mailing address MAY BE A POST OFFICE BOX)		STE 224		
		MIAMI, FL 33132-1	430	
A. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office ess here: JUAN SEGUI	address on our recore	is, enter the name of the new registe	
Name Projectored Office Address.	1444 BISCAY	NE BLVD STE 224		
New Registered Office Address:		Enter Florida sti	reet add ress	
	MIAMI, FL 33	132-1430	, Elorida	
		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 60%, 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 Ment, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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DECEMBER, 05	00.00			
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Typed or printed name of signee