

L09000086650

(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



100185477101

09/27/10--01006--025 **25.00

FILED
10 SEP 27 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWWOW MEDIA PARTNERS 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:

Martha Castillo

Name of Person

BISCAYNE BUSINESS MANAGEMENT INC.

Firm/Company

2600 Douglas Road, SUITE 400

Address

Coral Gables, FL 33134

City/State and Zip Code

martha@castilloandcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Castillo

Name of Person

at (305)

446-4670

Area Code & Daytime Telephone 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 enclosed)

☐ \$60.00 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

FILED
10 SEP 27 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

POWWOW MEDIA PARTNERS 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 09/08/2009 and assigned
Florida document number L09000086650.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

360 POWWOW LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: BISCAYNE BUSINESS MANAGEMENT INC.

New Registered Office Address: 2600 Douglas Road, SUITE 400

Enter Florida street address

Coral Gables, Florida 33134
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

FILED
10 SEP 21 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Vertice 360 USA, Inc.	2600 Douglas Road Suite 400 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	Marcela Campos	Santos Dumont 3513 - 9 B Capital Federal C1427EIC Argentina	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MBR	Leopoldo Lavazza	13943 Archwood Street Van Nuys, CA 91405	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 22, 2010

Signature of a member or authorized representative of a member

Martha Castillo

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 27 PM 2:33

FILED