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SECRETARY OF STATE

J. BRYAN

OCT -4 2011

EXAMINER

COVER LETTER

TO: Registration of Division of	on Section Corporations		
SUBJECT:	Avax M	Media USA LLC	
	the state of the s	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
		Dennis D. McGraw Name of Person	
		Name of Person	
Avax Media USA LLC			
		Firm/Company	
501 Lake Otis Drive SE			
		Address	AMASSEE FLOR
	Win	iter Haven, Florida 33880	一
		City/State and Zip Code	T 3
		ennis@avaxmedia.com (to be used for future annual report notification)	
For further informat	ion concerning this matter, please	•	50
	Dennis McGraw	at (863) 299-2829	
Nε	ume of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check	for the following amount:		
▼ \$25.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ifficate of Status & tiffied Copy litional copy is enclosed)
Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Avax Me	edia USA LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appointed Liability Company	ears on our records.)	
(A Policia Dilli	nica maonity Company	,	
The Articles of Organization for this Limited Liability Com	pany were filed on _	January 01, 2010 and assigned	
Florida document number L09000117744 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company b	<u>ere</u> :	
Avax	Media LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		語言机	
(Principal office address MUST BE A STREET ADDRES	<u>55)</u>	超等三	
	<u> </u>	55 W	
		FO P	
Enter new mailing address, if applicable:		بي پي	
• • • •			
(Mailing address MAY BE A POST OFFICE BOX)		37	
B 16	. 1 - 65	and the many of the many	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the new	
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
***************************************			Add Remove
			Add Remove
	····		Add Remove
		**************************************	Add Remove
			TID amous
			Domestic
D. If amen	nding any other information, e	nter change(s) here: (Attach additional sheets, if n	SECTION OF STATE
Dated	September 27	2011	
	61	Geni Cellasen	-
	Signature	of a member or authorized representative of a member Dennis D. McGraw	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00