L09000119252

(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



700183086957

07/14/10--01004--006 **25.00

DIVISION OF CORPORATIONS

10 JUL 14 AM 10: 23

T. HAMPTON

EXAMINER

• •	e _r i	COVER LETTER	,	ċ
TO: Registration S Division of Co				
SUBJECT:		ge Designs, LLC		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Bryan Sattler		
	Ad	vantedge Designs, LL0	0	
	į	Firm/Company 5744 NW 122nd Way		
		Address		
	C	oral Springs, FL 33076 City/State and Zip Code	<u> </u>	
	E-mail address: (bsattler@gmail.com to be used for future annual repo	rt notification)	
For further information	concerning this matter, please of		·	
	Bryan	at (954)	802-1091	
Name	of Person	Area Code & I	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &

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

Advantedg	e Designs, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)	.	
The Articles of Organization for this Limited Liability Comp	pany were filed on	12/16/2009	and assig	ned
Florida document numberL09000119252				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :		
Sticky Me	dia Labs, LLC			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	ny," the designation "L	LC" or the abb	previation
Enter new principal offices address, if applicable:				9
<u>(Principal office address MUST BE A STREET ADDRES.</u>	<u>s)</u>		<u> </u>	- SE
			<u> </u>	<u> </u>
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	유 _주
Enter new mailing address, if applicable:				25
(Mailing address MAY BE A POST OFFICE BOX)			3	797
		·		RA
				
B. If amending the registered agent and/or registered	d office address on o	ur records, <u>enter t</u>	he name of	the new
registered agent and/or the new registered office address	<u>nere</u> :			
Name of New Registered Agent:			0.0 0.0	
New Registered Office Address:				
	Em	ter Florida street addi	ress	
		, 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 = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			∏Add ∏Remove
			Add Remove
D. If amend	July 12 , 20	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS 10 JUL 14 AM 10: 28
	Byrond	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00