

LI0000001737

Norman Blair

(Requestor's Name)

16361 Malibu Dr.

(Address)

(Address)

Weston, FL 3326

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

LI-1737

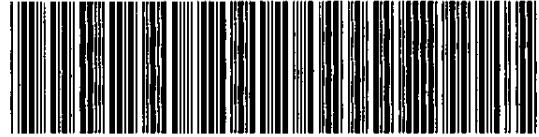
(Document Number)

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FILED
10 MAR -8 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2010

NORMAN BLAIR
16361 MALIBU DRIVE
WESTON, FL 33326

SUBJECT: ALTEK GROUP LLC
Ref. Number: L10000001737

We have received your document for ALTEK GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It is unclear if you are just changing the name of your LLC or if you want to change to DBA Great Media. If that is the case, you must file a fictitious name registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00004568

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

FILED
10 MAR -8 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALTEK GROUP 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 01-05-2010 and assigned Florida document number L10000001737.

This amendment is submitted to amend the following:

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

~~ALTEK GROUP 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)

7401 WILES RD
SUITE 245
CORAL SPRINGS, 33067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7401 WILES RD
SUITE 245
CORAL SPRINGS, FL 33067

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: _____

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

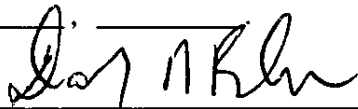
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALLISON EICHLER	6421 BELLA CIRCLE UNIT 302 BOYNTON BEACH, FL 33437	<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
_____	_____	_____	<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 2-15-2010



Signature of a member or authorized representative of a member

DAVID BLAIR

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR - 8 AM 8:57

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