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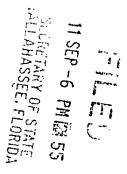
(Requestor's Name)
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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

įΤΟ: .	Registration S Division of Co					
SUBJECT: BLAZE MEDIA ALTERNATIVE OUTDOOR, LLC						
50202	<u> </u>		ited Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please r	eturn all corresp	condence concerning this matte	τ to the following:			
THAIS FITZGERALD						
			Name of Person			
			THE MLS GROUP			
			Firm/Company			
		70	35A SW 47TH STREET			
			Address	Ec.		
			MIAMI, FL 33155	A SE		
			City/State and Zip Code	ASS		
			RALD@THEMLSGROUP.	COM		
			to be used for future annual report no	infication)  FEST		
For furt	her information	concerning this matter, please	call:	810, RID,		
	THAI	S FITZGERALD	at ( 305 ) 6	66-4210 X 110		
	Name	of Person		me Telephone Number		
Enclose	d is a check for	the following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Registratio Division of P.O. Box 6		LING ADDRESS: tration Section on of Corporations 30x 6327 tassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLAZE MEDIA ALTER	RNATIVE OUTD	OOR, LLC			
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appear ted Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Comp	oany were filed on	01/11/2010	and assigned		
Florida document numberL10000003515					
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> :			
The new name must be distinguishable and end with the words "l	Limited Liability Compa	ny " the designation	"LLC" or the abbreviation		
L.L.C."	Diministration Company	,, alo aosignation			
Enter new principal offices address, if applicable:	7035B SW 47	th Street	S		
Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 33	155	AD T		
			SEI S		
			TH 3 111		
Enter new mailing address, if applicable:	7035B SW 47	th Street	FLOR		
Mailing address MAY BE A POST OFFICE BOX	MIAMI, FL 33	155	Dr. S		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>ente</u>	the name of the new		
Name of New Registered Agent: ROY BU	STILLO				
New Registered Office Address: 7035A S	W 47TH STREET				
	Enter Florida street address				
	MIAMI	Florida	33155		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
<u>P</u>	PASTOR GONZALEZ	CHANGE FROM MGR 3005 SW 189 AVENUE MIRAMAR, FLORIDA 33029	Add Remove
<u>V-P</u>	WILLIAM PINO	7035A SW 47TH STREET MIAMI, FL 33155	✓ Add ☐ Remove
S/T	ROY BUSTILLO	7035A SW 47TH STREET MIAMI, FL 33155	✓ Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	7
			SEP-6 PM
Dated			50 SAT
		2	
	Signature of a m	nember or authorized representative of a member	<del></del>
		ROY BUSTILLO	
		Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00 ---