## ~L10000015700

| (Requestor's Name)                   |            |  |  |  |  |
|--------------------------------------|------------|--|--|--|--|
| (Address)                            | <u>.</u> . |  |  |  |  |
| (Address)                            |            |  |  |  |  |
| (Address)                            |            |  |  |  |  |
| (City/State/Zip/Phone #)             |            |  |  |  |  |
| PICK-UP WAIT                         | MAIL       |  |  |  |  |
| (Business Entity Name)               |            |  |  |  |  |
| (Document Number)                    |            |  |  |  |  |
| Certified Copies Certificates of Sta | itus       |  |  |  |  |

Special Instructions to Filing Officer:

A. LUNT

JAN 10 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

| TO: Registratio Division of | n Section<br>Corporations                  |   |                      |                      |            |
|-----------------------------|--|---|----------------------|----------------------|------------|
| SUBJECT:                    | 100A M                                     | edia Group LLC  |                      |                      |            |
| SUBJECT:                    |  | ited Liability Company  |                      |                      |            |
| The enclosed Article        | s of Amendment and fee(s) are su           | bmitted for filing.   |                      |                      |            |
| Please return all corre     | espondence concerning this matte           | r to the following:   |                      | 2011 JAN -7 PH.2: 45 | Count, 274 |
|                             | Luis Manzo                                 |   |                      |                      | gent<br>j  |
|                             | Name of Person                             |   |                      |                      | j /        |
|                             | 100A Media Group LLC                       |   |                      |                      |            |
| Firm/Company                |  |   |                      | ुं री                |            |
|                             | 9911 NW 29th Street                        |   |                      |                      |            |
| Address                     |  |   |                      |                      |            |
|                             |  |   |                      |                      |            |
|                             |  | City/State and Zip Code   |                      |                      |            |
|                             | jor<br>E-mail address:                     | gegherardi@gmail.com<br>(to be used for future annual report no   | otification)         |                      |            |
| For further information     | on concerning this matter, please          |   |                      |                      |            |
|                             | Jorge Gherardi                             | at (_305_)  | 205-4934             |                      |            |
|                             | me of Person                               |   | ime Telephone Number | r                    |            |
| Enclosed is a check f       | or the following amount:                   |   |                      |                      |            |
| \$25.00 Filing Fee          | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | sed) Certified       | ite of Status &      | ed)        |
| MA                          | AILING ADDRESS:                            | STREET/COU  | RIER ADDRESS:        |                      |            |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | 100A Media                            | Group LLC                             | <u> </u>             |                                |  |
|---|---------------------------------------|---------------------------------------|----------------------|--------------------------------|--|
| ( <u>Name of the Limite</u><br>(  | d Liability Comp<br>A Florida Limited | any as it now apy<br>Liability Compar | pears on our record  | <u>(s.</u> )                   |  |
|   |                                       |                                       |                      |                                |  |
| The Articles of Organization for this Limited I   | Liability Compan                      | y were filed on _                     | February 10th        | 2010 and assigned              |  |
| The Articles of Organization for this Limited Liability Company were filed on February 10th 2010 and a Florida document number L10000015700 |                                       |                                       |                      |                                |  |
| <del>.</del>  | _                                     |                                       |                      | 1                              |  |
| This amendment is submitted to amend the fol  | lowing:                               |                                       |                      |                                |  |
|   |                                       |                                       |                      |                                |  |
| A. If amending name, enter the new name of  | of the limited lia                    | bility company                        | <u>here</u> :        |                                |  |
|   |                                       |                                       |                      |                                |  |
| The new name must be distinguishable and end w "L.L.C."   | ith the words "Lin                    | nited Liability Co                    | mpany," the designat | tion "LLC" or the abbreviation |  |
| Enter new principal offices address, if appli   | cable:                                | NONE                                  |                      |                                |  |
| (Principal office address MUST BE A STRE  | ET ADDRESS)                           |                                       |                      |                                |  |
|   |                                       |                                       |                      |                                |  |
|   |                                       |                                       |                      |                                |  |
| Enter new mailing address, if applicable:   |                                       | NONE                                  |                      |                                |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                       |                                       |                      |                                |  |
| muning undress mart BL ATOST OFFICE   | <u> DOM</u>                           |                                       |                      |                                |  |
|   |                                       |                                       |                      |                                |  |
| B. If amending the registered agent and   | /or registered o                      | office address o                      | n our records, ei    | nter the name of the new       |  |
| registered agent and/or the new registered of   |                                       |                                       |                      |                                |  |
|   |                                       |                                       |                      |                                |  |
| Name of New Registered Agent:   | NONE                                  |                                       |                      |                                |  |
| New Pagistanad Office Address   | NONE                                  |                                       |                      |                                |  |
| New Registered Office Address:  |                                       |                                       | Enter Florida stree  | et address                     |  |
|   |                                       |                                       | T71 •                | J.                             |  |
|   | <del> </del>                          | City                                  | , Florid             | 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 of Mañaging Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action <u>Title</u> Name | **Address** AMANDA OSPINA MGR 1450 Brickell Bay Drive, Apt. 307 Miami, Fl. 33121 ☐ Add Remove ☐ Add Remove ☐ Add Remeve ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NONE** November 19th Dated \_\_\_\_ Signature of a member of ked representative of a member **LUIS MANZO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00