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(Requestor's Name)	
(Address)	90
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
NOV 1 7 2010	
EXAMINER	

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SECREMATION STATE

COVER LETTER

	Division of Corpo				
SUBJEC	· ~ T·	Shop	Cast.it LLC		
SOBJEC	-1.		ted Liability Company		
The enclo	osed Articles of An	nendment and fee(s) are sub	emitted for filing.		
Please re	turn all correspond	ence concerning this matter	to the following:		
			Mark Zurada		
			Name of Person		
Firm/Company					
	16 Park Ave, Ste 9D				
			Address		
			New York, NY 10016 City/State and Zip Code		
	,	E-mail address: (1	c@shopography.com to be used for future annual report notificat	ion)	
For furth	er information con-	cerning this matter, please c			
	Mar Name of Po	k Zurada erson	at (646) 45 Area Code & Daytime T	60-9135 elephone Number	
Enclosed	l is a check for the	following amount:			
		\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

ShopCast.				
(Name of the Limited Liability Company (A Florida Limited Liab	<u>as it now appear</u> pility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company we	ere filed on	02/11/2010	and	assigned
Florida document numberL10000016100				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company her	<u>·e:</u>		
Shopography	y LLC			
The new name must be distinguishable and end with the words "Limited "L.L.C."	l Liability Compa	any," the designation	"LLC" or	the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on o	our records, <u>enter</u>	the nan	ne of the new
Name of New Registered Agent:			SHO	-
New Registered Office Address:			APP S	
	En	ter Florida street ad	idress –	The state of the s
	City	, Florida _	等 当。Zin?	ode
New Registered Agent's Signature, if changing Registered Agent:	,		TATE ORIB	

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

MGR = Ma MGRM = M	nager Nanaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
	October 28	2010 .	
Dated			
	Signatur of a mem	ber or authorized representative of a member	
	Тур	Mark Zurada ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00