

L10000039420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

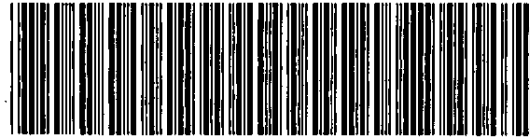
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN - 6 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FABER MEDIA LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sylvain Faber

Name of Person

Firm/Company

1045 NE 82 TERR

Address

Miami, FL 33138

City/State and Zip Code

sylvain.faber@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvain Faber

Name of Person

at (**786**) **218-6875**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 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

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TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2013

SYLVAIN FABER
1045 NE 82 TERR
MIAMI, FL 33138

SUBJECT: FABER MEDIA LLC
Ref. Number: L10000039420

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FABER MEDIA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is #L12000037894, EYEVERTISING LLC.

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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 913A00013116



June 3, 2013

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

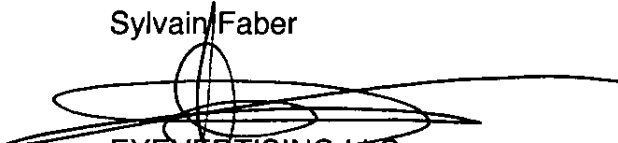
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SERGEANTLY OFFICE
TALLAHASSEE, FL 32314

Re: Business name use release (EYEVERTISING LLC)

I, undersigned Mr. **Sylvain Faber**, President and sole owner of **EYEVERTISING LLC (L12000037894)**, a voluntarily dissolved Florida Limited Liability Company (Articles of Dissolution e-filled on 05/16/13), **hereby certify that I have no intention to revoke the dissolution of the above mentioned company, therefore, I'm releasing the name "EYEVERTISING LLC" for use to another entity.**

Sincerely yours,

Sylvain Faber



EYEVERTISING LLC
President/Owner

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

FABER MEDIA 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 04/13/2010 and assigned
Florida document number L10000039420.

This amendment is submitted to amend the following:

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

EYEVERTISING 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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> |
|--------------|-------------|----------------|---------------------------------|
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 SEATTLE
 WASHINGTON
 COUNTY CLERK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 16th, 2013


Signature of a member or authorized representative of a member

Sylvain Faber

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TREASURER OF FLORIDA