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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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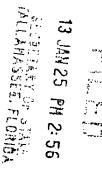
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COVER LETTER

Division of Cor	porations		
	Media, LLC		
SUBJECT:	Name of Limit	red Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alex G. McKean		
		Name of Person	
	Adpire Media, LLC		
		Firm/Company	·····
	P.O.Box 738		
		Address	
	Santa Monica, CA 90	0406	
	alex@adpiremedia.c		
	E-mail address: (to	o be used for future annual report notificati	on)
For further information of	concerning this matter, please ca	all:	
AK Posniak		818 835-6216	
Name o	f Person	at () Area Code & Daytime Te	elephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION OF

Adpire 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 8/12/10 ____ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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 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 **Title Address Type of Action** <u>Name</u> **MBR** AdFizz, Inc. 12598 Central Avenue, Suite #224 Chino, CA 91710 Remove **MBR** Golden Lotus Capital, LLC P.O. Box 738 Santa Monica, CA 90403 Remove Remove Remove Remove

Capital, LLC		
January 18	2012	

Typed or primed name of sig

Page 3 of 3

Filing Fee: \$25.00