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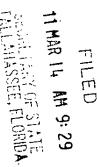
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EXAMINER
MAR 1 6 2011

## **COVER LETTER**

ΓΟ: Régistration Section Division of Corporations					
SUBJECT: SMOOF 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:					
ERIC HALEY Name of Person					
H-CUBED MEDIA, LLC					
1060 Homewood Dlud, Unit J-103					
Delray Beach, FL 3) 4455 City/State and Zip Code					
ERIC @ REDLETTERPR. COM  F-mail address: (to be used for future annual report politication)					
SUBJECT:    SMOOF 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:    ERIC HALEY     Name of Person     H-CUBED MEDIA, LLC     Film/Company     1060 Home wood Plud, Uni + J-103     Address					
ERIC HACEY at (S61) 908-4510  Name of Person Area Code & Daytime Telephone Number					
inclosed is a check for the following amount:					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 MAR 14 AM 9: 20

		THAT IS AM	9: 29
S MOO (Name of the Limited Liabili (A Florid	F LLC  Ity Company as it now appears a Limited Liability Company)	SECRETARY DE S s on our recolul MHASSEE, FLO	IATE ORIDA
The Articles of Organization for this Limited Liability Florida document number <u>L 1000087012</u>	Company were filed on	-/19/10 and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	<u>e</u> :	
FLIKEIOK //C			
FLIKFLOK, LLC.  The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
	an incompleteles a state of the African and the state of		
Enter new mailing address, if applicable:			<del> </del>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, enter the name o	f the new
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Ente	er 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Action
<u>_</u>			Add Remove
· •µ	***************************************		Add Remove 
			Add Remove
If amend	ling any other information, enter chang	c(s) here: (Attach additional sheets, if necessary.)	_
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Page 2 of 2

Filing Fee: \$25.00