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SECRETARY OF STATE
TABLAHASSEE, FLORIBA

G. HARVEY
MAR 0 8 2011
EXAMINER

COVER LETTER

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	JAN PR	's)Ms C 1 1 M		
CCT:	Name of Limite	ed Liability Company		
closed Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
return all correspond	ence concerning this matter t	o the following:		Es =
				NAR -7 PM 4: 29 CREASSTE, FLORIDA LANASSEE, FLORIDA
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	SPRING	HILL 172 City/State and Zip Code	3460	8
	NEWART R E-mail address: (to	be used for future annual report notificat	· COM	
her information con	cerning this matter, please ca	II:		
MARIANNE Name of Po	BAYAN erson	at (610) 200 – Area Code & Daytime Te		. .
ed is a check for the f	Collowing amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	e of Status &
	Division of Corpo	SPRING SPRING WART E-mail address: (to her information concerning this matter, please ca Name of Person d is a check for the following amount: (0) Filing Fee \$30.00 Filing Fee &	Division of Corporations CCT:	Division of Corporations AM PROMOS LLC Name of Limited Liability Company Closed Articles of Amendment and fee(s) are submitted for filing. Perturn all correspondence concerning this matter to the following: MARIATE BRYAN Name of Person WW ART RADIO Firm/Company Address SPRING HILL TL 3460 City/State and Zip Code NOWART RADIO DE GMAIL. COM Re-mail address: (to be used for future annual report notification) The information concerning this matter, please call: MARIANTE BRYAN Name of Person Area Code & Daytime Telephone Number In the information concerning amount: Of Filing Fee Source Status Certificate 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

	OF		(2) 中 m
JAM	PROMOS	LLC	FIG Z D
		now appears on our records. Company)	
The Articles of Organization for this Limited Liabili	ity Company were fil	ed on 8/26/10	and assigned
Florida do cument numbe r <u>L 10000 896</u>	<u>, 45</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability con	npany here:	
		NEW AX	et RADIO LLC
The new name must be distinguishable and end with the H.J.C."	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A)	DDRESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office a		tress on our records, <u>ent</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street	address
		, Florida	l

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MANA A. ROUSE	15043 SNOW MEMBLIAL ITWY BROOKSVILLE, PL 34601	Add Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			 -
	KBRUANY 21, 20	1/	
/ ////	ma	or authorized representative of a member	
	5	NE BRYAN	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00