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SECRETARY OF STATE
TABLAHASSEE, FLORID,

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EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SUBJE	CT:	T3 Digita	al Media, LLC		
		f Amendment and fee(s) are subr	-		
Please	return all corresp	ondence concerning this matter t	o the following:		
		Di	awn Robles Demers		
Name of Person				_	
T3 Digital Media, LLC Firm/Company 1693 E Groveleaf Avenue Address Palm Harbor, FL 34683 City/State and Zip Code readbookkeeping@yahoo.com E-mail address: (to be used for future annual report notification)			B Digital Media, LLC		
			Firm/Company		
			3 E Groveleaf Avenue		
			Address	· · · · · · · · · · · · · · · · · · ·	201 SI TAL
				CRE	
			City/State and Zip Code		T TARY
			okkeeping@yahoo.com	()	
For furt	her information	concerning this matter, please ca		ion)	2011 OCT 11 BM 11: 06 SECRETARY OF STATE ALLIAMASSEE, FLORIDA
	Dawn	Robles Demers	at (727) 27	7 1-8685	DA.
	Name	of Person	Area Code & Daytime To	elephone Number	
Enclose	ed is a check for t	the following amount:			
	Certificate of Status Certified Copy			\$60.00 Filing Certificate Certified C (additional	of Status &
		JNG ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T3 D	IGITAL MEDIA LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liabilit	y Company were filed on	NOV 1, 2010	and assigned	
Florida document numberL10000113336	·			
This amendment is submitted to amend the following	; ;			
A. If amending name, enter the new name of the l	imited liability company he	ere:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)		→	
			OCT OCT	
Enter new mailing address, if applicable:			SP I	
(Mailing address MAY BE A POST OFFICE BOX)				
			23 <u>= 6</u>	
			ZZA	
B. If amending the registered agent and/or re	gistered office address on ddress here:	our records, enter the	he name of the new	
	· <u>······</u> ·			
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 **Title Type of Action** <u>Name</u> <u>Address</u> MGRM DARRIN L DEMERS 1693 E GROVELEAF AVE ✓ Add Remove PALM HARBOR, FL 34683 Remove Remove ∏ Add Remove \square Add Remove A PRemove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. ADDITION OF DARRIN DEMERS AS 50% OWNER OF LLC OCTOBER 1, 2011. OCTOBER 5, 2011 Dated _ Signature of a member or authorized representative of a member

DARRIN L DEMERS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00