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SECRETARY OF STATE
SHAPPSSEF, FLORID

J. BRYAN

SEP - 2 2011

EXAMINER

COVER LETTER

	Registration S Division of Čo				
SUBJEC	т:	GLOW	/ MEDIA LLC.		
20202		Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
			Wilfred Horton II		
			Name of Person		
			GLOW MEDIA LLC.		SES
			Firm/Company		新贺丁
3:		33	37 Mulberry Grove Rd.		P-1 MII: 38 RETARY OF STATE HASSEE, FLORIE
			Address		
		Roya	al Palm Beach, FL 33411		1:3: 1:3:
•		City/State and Zip Code		<u>ම</u> ්ණ ශ	
		sit	oillboards@yahoo.com to be used for future annual report notifica	·	
For firsth	er information (concerning this matter, please o	·	non)	
roi tutui	er mromation (concerning uns matter, please t	all.		
	Wil	fred Horton II	at (561) 56	68-8375	
	Name of Person Area Code & Daytime Telephone Numb		elephone Number		
Enclosed	l is a check for t	he following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
		ING ADDRESS:	STREET/COURIER	R ADDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporati	ons	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOW MEDIA LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

			建筑 \$
The Articles of Organization for this Limited Lia	bility Company were filed on	November 23,2010	_ and signed
Florida document number L10000121	860		
			•
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
;	StreetLights Media LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	mpany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	Γ ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/o	r registered office address o	on our records, enter the	name of the new
registered agent and/or the new registered off		, <u> </u>	
Name of New Registered Agent:			·
New Registered Office Address:		Enter Florida street addres	
	Enter Florida street daaress		
		, 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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
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			Adden Region
			AddRemove
<u>-</u>			AddRemove
D. If amend	ling any other information, en	ter change(s) here: (Attach additional sheets, if nec	essary.)
	•		
 Dated	August 20	,	
	Signature o	f a member or authorized representative of a member	
		Wilfred Horton II	

Page 2 of 2

Filing Fee: \$25.00