

L110000/35/7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400199487814

03/29/11--01010--003 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 29 PM 4:47

FILED

J. SAULSBERRY  
EXAMINER

MAR 30 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Evoke Media, 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:

Leon Damjanovic

Name of Person

Evoke Media, LLC.

Firm/Company

4567 N Pine Island Road, Suite A

Address

Sunrise, FL 33351

City/State and Zip Code

leon@evokem.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Damjanovic

Name of Person

at ( 954 )

770-6611

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 29 PM 4:47

FILED

Enclosed is a check for the 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**

Evoke 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 02/01/2011 and assigned Florida document number L11000013517.

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:**

4567 N Pine Island Road, Suite A

**(Principal office address MUST BE A STREET ADDRESS)**

Sunrise, FL 33351

**Enter new mailing address, if applicable:**

4567 N Pine Island Road, Suite A

**(Mailing address MAY BE A POST OFFICE BOX)**

Sunrise, FL 33351

**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:

Leon Damjanovic

New Registered Office Address:

4567 N Pine Island Road, Suite A

*Enter Florida street address*

Sunrise

*City*

Florida

33351

*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

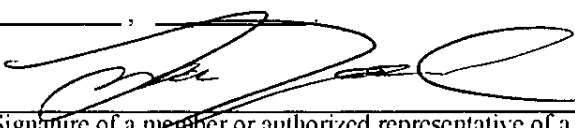
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Asaf Kathein	10481 NW 11th Court Plantation, FL 33322	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Luka de Moses	1150 NW 93rd Terrace Plantation, FL 33322	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2011 MAR 29 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 03/25/2011

  
Signature of a member or authorized representative of a member

Leon Damjanovic  
Typed or printed name of signee