

L11000032011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

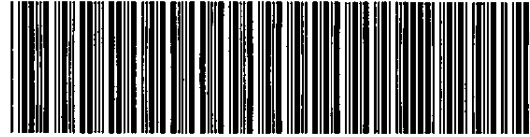
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-7884

Office Use Only



200266922422

01/26/15--01016--015 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 13 PM 12:34

FILED

RECEIVED FEB 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RICHARD BLANCHARD 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:

DAWES, HAYDEN A
Name of Person

Firm/Company

1408 N KILLIAN DR #211
Address

LAKE PARK, FL 33403
City/State and Zip Code

wilddcardd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWES, HAYDEN A at (**561**) **310-4379**
Name of Person Area Code Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2015

HAYDEN DAWES
1408 N KILLIAN DR #211
LAKE PARK, FL 33403

SUBJECT: RICHARD BLANCHARD MEDIA LLC
Ref. Number: L11000032011

RECEIVED
15 FEB 13 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for RICHARD BLANCHARD MEDIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00002200

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
& OF .**

FILED
2015 FEB 13 PM 12: 34

RICHARD BLANCHARD MEDIA LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/16/2011 and assigned Florida document number L11000032011.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HD Digital LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1408 N KILLIAN DR #209
LAKE PARK, FL 33403

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1408 N KILLIAN DR #209
LAKE PARK, FL 33403

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: _____

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

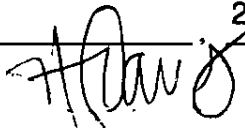
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Jan 23rd 2015

 2/9/15

Signature of a member or authorized representative of a member

Hayden Dawes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 FEB 13 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA