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EXAMINER



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COVER LETTER

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Registration Section

Division of C	orporations	,				
SUBJECT:	RBD	MEDIA, LLC				
SOLUECT:		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matter	r to the following:				
		Robert Douglas				
		Name of Person				
	RBD Media, LLC					
Firm/Company						
	1303 Leewood Drive					
		Address				
	Tallahassee, FL 32312					
	Dobo	City/State and Zip Code				
	E-mail address: (ortDouglasFL@gmail.com to be used for future annual report notific	ation)			
For further information	concerning this matter, please	ealt:				
Robert Douglas		at (_850)	377-3133			
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		STREET/COURIER ADDRESS: Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBL	MEDIA, LLC			_
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appe imited Liability Company	ars on our records.)		
(···,	,		
The Articles of Organization for this Limited Liability Co	ompany were filed on	January 6, 2012	and a	assigned
Florida document numberL12000002906				
	_			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company h	ere:		
				
The new name must be distinguishable and end with the wore "L.L.C."	ds "Limited Liability Com	pany," the designation "	'LLC" or th	ie abbreviation
			<u></u>	
Enter new principal offices address, if applicable:				5 ;
(Principal office address MUST BE A STREET ADDR	ESS)	·	<u> </u>	1.30
			<u> </u>	S. Marrier
			が 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ĥ
Enter new mailing address, if applicable:				and a share s.
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			
				>
			-	
B. If amending the registered agent and/or registe	ered office address on	our records, enter	the name	of the new
registered agent and/or the new registered office addr				· · · · · ·
Name of New Registered Agent:				<u></u>
Name Descriptored Office Address				
New Registered Office Address:	Enter Florida street address			
		Florida		
	City		Zip Co	ode

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 **Type of Action Title** <u>Name</u> **Address** MGRM Susan D. Douglas 1303 Leewood Drive ☐ Add √ Remove Tallahassee, FL 32312 ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 12 2012 Signature of a member or authorized representative of a member Robert Douglas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00