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(Requestor's N	ame)			
(Address)				
(Address)				
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SEGNATION OF STATE
ALLAHASSEE, FLORIDA

K.SALY EXAMINER JUL 24 2012

COVER LETTER

Division of Corporations				
SUBJECT:	New A	d Space LLC		
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Brent Laugesen		
		Name of Person		
	New Ad Space LLC			
		2057 Little Neck rd		
		Address		
	(Clearwater FL 33755		
		City/State and Zip Code		
	Brento E-mail address: (1	@luxuryhomesown1.com o be used for future annual report notific	ation)	
For further information	concerning this matter, please c	all:		
	ent Laugesen		735-1510	
Name (of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			
₹25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS:	STREET/COURIE Registration Section		

Registration Section
Division of Corporations

TO:

Registration Section

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**

12 TALL, rds.)	FILED' LED' LED' LED' LED' LED' LED' LED'
12	and assigned

N	EW AD SPACE LL	C ALLAHASSEE, ELOCATE
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Li Florida document number 4/12 0000 4/3	ability Company were filed on _	4-9-2012 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company h	ere:
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
	 	
B. If amending the registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	I	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 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 **Address** Name MGR **Devon Sibole** 2222 Leavenworth Street. #101 **✓** Add San Francisco, CA 94133 ☐ Remove ☐ Add Remove ☐ Remove Remove ___Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member **Brent Laugesen** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00