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J. BRYAN

JUL 30 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Intermedia Digital Label Division 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:
Ricardo J. Matka Name of Person
Intermedia Digital Label Division U(Firm/Company
Intermedia Digital Label Division U(Firm/Company 3381 SW 195 Terrale Address Mivamar, FL 33029 City/State and Zip Code ricky @ green adv. com
MIV amar, FL 33029 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ri (ard 0 J. Maj Ka at (187) 909-0350. Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

<u>Intermedia Digital</u>		an III		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appe Limited Liability Company)		
The Articles of Organization for this Limited Liability (• •	6 27 12 and assigned		
Florida document number	18.			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company h	ere:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Com	pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	***************************************			
(Principal office address MUST BE A STREET ADD	RESS)			
		<u> </u>		
Enter new mailing address, if applicable:		2		
(Mailing address MAY BE A POST OFFICE BOX)		726 3 6		
		Tion W		
		28 28		
B. If amending the registered agent and/or registered agent and/or the new registered office ade	stered office address on dress bore:	our records, enter the name of the new		
registered agent and/or the new registered office aut	uress nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u></u>		, 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
46RM	Riardo J. Majka	338/ SW 195 Ferra W Miramar, FL 33029	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary)	Remove FILEU SECTETAGSEE FLOOR
			N 3: 28
Dated	July 13, 20	12	
	-	EATP or authorized representative of a member FOCIL, UPA (AFW & A)XXX	(iala)
•	Typed o	or printed name of signee	JUK]],

Page 2 of 2

Filing Fee: \$25.00