# 12000160831

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SURJECT

## XCENTRIX 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:

### Jennifer M. Colson

Name of Person

Firm/Company

3170 N. Federal Highway, Suite 215

Address

Lighthouse Point, Florida 33064

City/State and Zip Code

jcolson@jennifercolsonpa.com

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

For further information concerning this matter, please call:

Michael Spiegel

<sub>at</sub> 954 2/00/11

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XCENTRIX MEDIA, LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ls.</u> )	
The Articles of Organization for this Limited Liability Compa	any were filed on 04/26/2013	and a	ssigned
Florida document number L12000160831			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:	4.17.4 3.17.4 7.30.0	3 3 3
The new name must be distinguishable and end with the words "L."	imited Liability Company," the designa	tion "LLC" or the	. سمبر (
Enter new principal offices address, if applicable:			; ; ;
(Principal office address MUST BE A STREET ADDRESS)	1	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:		enter the name	of the new
N Paris LOW 11			<del></del>
New Registered Office Address:	Enter Florida stre	eet address	
	, Flori	ida	

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.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>T</u>	ype of Action
MGRM	VOKAR VENTURES, INC	4474 WESTON RD., SUITE 187	Add
		DAVIE, FL 33331	Remove
MGRM	LOU ROSEN	3170 N. FEDERAL HIGHWAY, SUITE 215	Add
	·	LIGHTHOUSE POINT, FLORIDA 33064	Remove.
		71 c - 7 c -	Add
		7-	Remove
			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
<del></del>		<del></del>	Add
			Remove

	enter change(s) here: (Attach additional sheets, if ne RM MNS HOLDINGS, INC ADDRE	
3170 N. FEDERAL	HIGHWAY, SUITE 215	
LIGHTHOUSE POI	NT, FLORIDA 33064	
December 19th	2013	<del></del>
		<u> </u>
Michael N. Spiegel	of a member or authorized representative of a member	
	Typed or printed name of signee	11.5
	Page 3 of 3	
	Filing Fee: \$25.00	