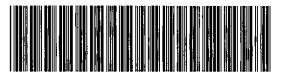
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COVER LETTER

, Division of Co	
UBJECT: Olai	ige Brick House, LLC
	Name of Limited Liability Company
e enclosed Articles o	f Amendment and fee(s) are submitted for filing.
ase return all corresp	condence concerning this matter to the following:
	Joshua Benson
	Name of Person
	Firm/Company
	495 Brickell Avenue #522
	Address
	Miami, FL 33131
	City/State and Zip Code
	benson@jokermedia.com E-mail address: (to be used for future annual report notification)
or further information	concerning this matter, please call:
Joshua Be	
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

Orange Brick House, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our record	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000163209</u> .			nd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	pility company here:			
Reportable Media, LLC				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designa	tion "LLC" o	r the al	obreviation
Enter new principal offices address, if applicable:	247 SW 8th Street	· 1 * * * * * * * * * * * * * * * * * *	5	
(Principal office address MUST BE A STREET ADDRESS)	#194		7.5	
	Miami, FL 33130	a	:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	247 SW 8th Street #194	The second secon	5	
Imaking data ess MAT BEAT OST OFFICE BOX	Miami, FL 33130			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the na	me of	f the new
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter Florida stre	et address		
	, Flori , Flori		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			\Box
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			Remove
			<u>-</u>
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			Remove
			
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			Remove
			<u></u>
			Add
			Remove

Just amending the entity name.
, Just amending the entity hame.
Dated December 11 2013
Signature of a member or authorized representative of a member
Joshua Benson, Member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00