

**L02000027506**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

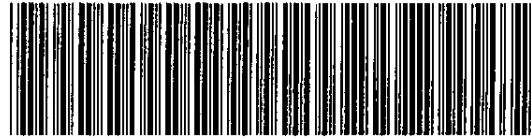
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 APR 11 PM 4 24

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C. LEWIS

APR 12 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Media Thrill, 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:

Allison Johnson  
Name of Person

Media Thrill, LLC  
Firm/Company

513 Spanish Main  
Address

Spanish Fort AL 36527  
City/State and Zip Code

Allison @ media-thrill.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Johnson at (706) 405-6473  
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

FILED

2011 APR 14 PM 12:24

MediaThill, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/16/02 and assigned  
Florida document number 202000021506.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

513 Spanish Main  
Spanish Fort AL 36527

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7210 N. Manhattan Unit 1811  
Tampa FL 33614-3728

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Allison Johnson

New Registered Office Address:

7210 N. Manhattan Unit 1811

Enter Florida street address

Tampa

City

Florida FL 33614-3728

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.

Allison Johnson  
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

Title	Name	Address	Type of Action
Managing Member	Allison Johnson	513 Spanish Main Spanish Fort FL 36527	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Operating Manager	Joe Helmer		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Secretary Treasurer	Bonnie Helmer		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Vice Operating Manager	Laura H. Cassis		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Secretary	Charlotte Peltier		<input type="checkbox"/> Add <input type="checkbox"/> Remove
Vice Operating Manager			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 4/1, 2011

Allison Johnson  
Signature of a member or authorized representative of a member

Allison Johnson  
Typed or printed name of signee

2011 APR 11 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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