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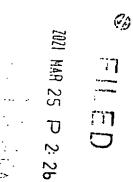
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## **COVER LETTER**

то:	Registration Se Division of Cor						
	Island Cent	tury Media LLC					
SUBJE	СТ:	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ondence concerning this matter	to the following:				
		Robert Gunter					
			Name of Pers	юп	•		
		Island Century Media LLC					
			Firm/Compa	ny			
		183 Bath Club Blvd North	ı				
Address							
North Redington Beach, FL 33708							
		zebravid@yahoo.com	City/State and Zip	· Code			
		E-mail address: (	to be used for future	annual report noti	ification)		
For furt	her information c	oncerning this matter, please c	all:				
Robert	Gunter		727	366-2636			
	Name o	f Person	at ( Area Coo	) de Daytin	ne Telephone Number		
Enclose	d is a check for th	ne following amount:					
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified Co (additional cop		Certified	e of Status &	
	Mailing Addres Registration S Division of C P.O. Box 632	Section corporations	Re D	reet Address: egistration Se ivision of Con ne Centre of T		7071 HAR 25	G)

2415 N. Monroe Street, Suite 810 D

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Century Media LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_L05000011307 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address New Registered Office Address: 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Paula Kelley Bishop	183 Bath Club N North Redington Bch, FL 33708	Add
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