L08000047984

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(Ad	dress)	 .
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(Cit	y/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS

J. BRYAN

AUG 1 3 2008

EXAMINER

COVER LETTER

TO: Registration: Division of C			
SUBJECT:	Gray Media (Name of Lin	LLC mited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
	Gray 1331 ((Name of Person) Media, LLC (Firm/Company) Creighton Rd. Su (Address)	8,
	concerning this matter, please	call:	
(Name	e of Person)	at (<u>972</u>) <u>322 - 0</u> (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

(Name of the Limited L	Media Liability Company Florida Limited Lia	LLC vas it now a ability Comp	ppears on our any)	records.)	2 #11:46
The Articles of Organization for this Limited Lia Florida document numberL080000479	bility Company v 84	were filed or	May 19	,7008	and assigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of t	the limited liabil	ity compan	<u>y here</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability C	Company," the d	lesignation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		1331	Creiah	ton Rd.	Suite B
(Principal office address MUST BE A STREET	'ADDRESS)	Pensi	acola,	FL. 3	Svite B 2504
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	1331 Pensa	Creight cola	m Rd FL, 3	. sviteB 12504
B. If amending the registered agent and/or registered agent and/or the new registered offi			on our reco	rds, <u>enter t</u>	he name of the new
Name of New Registered Agent:	<u>John</u>	Burges	ss		
New Registered Office Address:	977	Black V	Valnut T	rail da street ada	Jugge
	9 . a.	مام	•		,
	rensac	City)	,	Florida	32514 (Zip Code)
		(Chy)			(sip cour)

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)

Page 1 of 2

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 = Mar MGRM = M	nager, Ianaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mgr</u>	John Burgess	977 Black Walnut Trail Pensacola, FL. 32514	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add ☐ Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.,)
			SECRETAR JIVISION OF 0
Dated/		ul C. Lull	FILED ARY OF STATE F CORPORATIONS
		nber or authorized representative of a member em'iah G. Howell yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00