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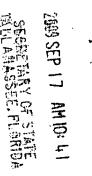
•					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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(Document Number)					
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T. CLINE

SEP 18 2009

**EXAMINER** 

## **COVER LETTER**

то:	Registration S Division of Co					
SHRJ	ECT:	White Cra	ane Media, LLC			
5000		Name of Limit	ed Liability Company			
The e	nclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please	return all corresp	pondence concerning this matter	to the following:			
			Joseph Spagnuolo		_	
			Name of Person			
		Wh	nite Crane Media, LLC		_	
			Firm/Company			
3152 Little Rd., #134						
			Address		TAN THE	
		т	rinity, FL 34655-1864		12 SE	erie (m)
		1	City/State and Zip Code			
		joe@	whitecranemedia.com	1		1.1
			to be used for future annual report	notification)	2899 SEP 17 AM 10: 4 SEGRETABLY OF STARR	i sund di in pregi
For fi	irther information	n concerning this matter, please of	all:		喬 5	
	Jos	seph Spagnuolo	at (_813 )	926-7777	13**	
	Name	e of Person	Arca Code & D	aytime Telephone Numbe	er	
Encle	osed is a check for	r the following amount:				
<b>\$</b>	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certifie	ate of Status &	)

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 Li (A F	nite Crane ability Compar lorida Limited L	Media, LLC  ny as it now appears on our iability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number		were filed on12/	16/2008	and assigned	d
This amendment is submitted to amend the follow	ring;				
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:			
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liability Company," the	designation "I		viation
Enter new principal offices address, if applicab	ole:	3152 Little Rd., #13	4	2009 S	1
(Principal office address MUST BE A STREET	ADDRESS)	Trinity, FL 34655-18	864	第一	Participants 
Enter new mailing address, if applicable:		3152 Little Rd., #13	34	AND OF SIV	To the second
(Mailing address MAY BE A POST OFFICE Bo	Trinity, FL 34655-1	864	<b>3</b> 三		
B. If amending the registered agent and/or registered agent and/or the new registered offi			ords, enter	the name of th	e new
Name of New Registered Agent:	Joseph Spa	ignuolo			<del>_</del>
New Registered Office Address:	3152 Little I		rida street add	dress	
		Trinity	_, Florida	34655-1864	1
		City		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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Eric Hicks	3917 LAKE SAINT GEORGE DRIVE PALM HARBOR FL 34684 US	Add ✓ Remove
<del></del>			Add Remove
<u></u>			Add Remove
	<del></del>		Addy T
			Mada Financia
			Add Remove
D. If amend	ling any other informatio	on, enter change(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
			_
Dated	September 2		
	Signa	numer of a member of authorized representative of a member	
		Joseph Spagnuolo	

Page 2 of 2

Filing Fee: \$25.00