L09000069370

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(Add	ress)	
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(City/	/State/Zip/Phone	e #)
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2012 JAN 17 PH 2: 1

C. LEWIS

JAN 1 8 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	a Ant any		'ሕ	, ·		 ₩	* ·c	₹4
•	x'ber								
SUBJI	ECT: ISHOP A	MERICA, LLC Name of Lir		ability Cor	npany				
				-					
The en	closed Articles of Amendme	ent and fee(s) are s	ubmitte	d for filing					
Please	return all correspondence co	oncerning this matt	er to the	efollowing	:				
		JAMES I	R. LUS	SSIER				_	
				Name of Po	erson		"	_	
		MATEE	R & H	IARBER	T, P.A.			_	
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		ORLA	NDO,	FLORID	A 32801				
			City	/State and Z	ip Code			_	
				teerharbe					
		E-mail address:	(to be u	sed for futu	re annual repor	t notification	on)		
For fu	rther information concerning	this matter, please	call:						
	James R. Lussier			_ at (<u>407</u>	₎ 425-9				
	Name of Person				Arca Code & D	aytime Tel	lephone Numbe	er	
Enclos	sed is a check for the followi	ng amount:							
□ \$25	5.00 Filing Fee 30.00 Ce	00 Filing Fee & ertificate of Status		\$55.00 Fill Certified (addition		closed)	Certifie	ate of Stati d Copy	us & s 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

2012 JAN 17 PM 2: 11

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	SECRETARY OF STATE records DALL AHASSEE, FLORIOA
The Articles of Organization for this Limited Liability Company were filed on07/20/20	09 and assigned
Florida document number L09000069370	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
JTW MEDIA GROUP, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the 'L.L.C."	designation "LLC" or the abbreviation
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 reco	rds, enter the name of the new
egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	da street address
	, Florida
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.

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:

	= Manager 1 = Managing Member			
<u>Title</u>	<u>Name</u>	A	Address	Type of Action
***************************************				Add Remove
				Add Remove
				Add Remove
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D. If ai	mending any other info	ormation, enter change(s) l	here: (Attach additional sheets, if	^c necessary.)
				2012 JAN 1 SECRETA
Dated _	JANUARY 12	, 2012	<u>_</u> ·	SSEE MY O
		James R Lu	ssee)	ES 2
		JAMES R. LUSS	uthorized representative of a member SIER, ATTORNEY IN FACT inted name of signee	ATE A

Page 2 of 2

Filing Fee: \$25.00