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SECRETARY OF STATE
ALLAHASSEE, FLORID,

D. BRUCE

AUG 21 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Evigna Media, L Name of Limited Liability C	dompany	
Dear Sir or Madam:		
The enclosed Articles of Correction and fee(s) are submitted for filing	g.	
Please return all correspondence concerning this matter to the followi	ing:	
Daviel A Todd Name of Person	_	
Evigna Media, LLC Firm/Company	_	
540 5. Banana River ds &	±302	
Merr: H Island, Fl. 32957 City/State and Zip Code	2 	09 AUG 2 SECRETA TALLAHAS
Davie (Brevard Night Life · Ce E-mail address: (to be used for future annual report notification)	en	UG 20 PH 2: ETARY OF STA HASSEE, FLOR
For further information concerning this matter, please call:		19 IDA
Name of Person at (321) Area C	863 · 56 9 ode & Daytime Telephone Numb	2 B eer
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

<u>FIRST</u>	The name of the limited liability company is:	Media, LLC	
<u>SECO</u>			
(CH	CK THE APPROPRIATE BOX AND COMPLETE THE APPLI	CABLE STATEMENT	
	Contains an incorrect statement. The incorrect statement, the real accorrect, and the corrected statement are as follows: Neal E Tranhaw's Title was incorrectly to be all E Tranhaw's title was incorrectly to be correctly	siled as MGR Siled as MGR cted to MGRN	
	rica Lalles title needs & be corrected	to MGRM	
	<u>DR</u>	Ã.	
Was defectively signed. The manner in which the document was defectively steps the appropriate correction are as follows:			
		STATE SRIP	
Dated:	8/13/2009 ———————————————————————————————————		
	Signature of a member or authorized representative of a Davie A Toda Typed or printed name of signee	member 	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	