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M. THOMAS OCT 1 2 2009 EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corp	orations				
SUBJECT: <u>Med</u>	iaSwing Prod Name of Limi	uctions L.L.C ted Liability Company			
	mendment and fee(s) are sub	-			
riease return all correspon	dence concerning this matter	to the following:			
	Tracy	C. O'SUCK Name of Person			
		Firm/Company			
	430 Gracie	_		2009 OCT -9 AM 10: 29 SECRETARY OF STATE TALLAHASSEE, FLORID	are Fig.
		Address		AFF.	
	St. Augustin	e FL 32086 City/State and Zip Code		ICT -9 AM ID: 29 RETARY OF STATE AHASSEE, FLORID	m
	•	City/State and Zip Code		AHI OF S	
	E-mail address: (to be used for future annual report notificat	tion)	0: 2: 0: 2: 0: 2:	3
For further information co	ncerning this matter, please o	eall:		0° 40°	
Tracy O'SUC	Person	at (<u>904)</u> 824-5 7 Area Code & Daytime T			
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	l)
Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations (6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Media Swina Productions L.L.C.	
Media Swing Productions L.L.C. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on August 21, 2009 and assi	igned
Florida document number L09000084070 .	

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 end wi "L.L.C."	ith the words "Limited Liability	Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			7AS 286
			ECRET TALLAHI
Enter new mailing address, if applicable:			HASSE 19
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		SERY US
			79 7
			ORA OR
B. If amending the registered agent and	or registered office addres	s on our records, <u>ente</u>	r thername of the new
registered agent and/or the new registered o	ince address nere:		
Name of New Registered Agent:			
New Registered Office Address:	3602 Fort	Peyton Circle Enter Florida street a	_
		Enter Florida street a	ddress
	St. Augustine	, Florida	32086
	City	,	Zin 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 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

MGRM	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tracy O'Such	3602 Fort Pryton Circle St. Augnstine, FL 32086	Add Remove
			Add Remove
	_		Add Remove
			Add Remove
			OCHE Repove
	_		Ade: RETIREMOVE
D. If ar	mending any other information, ent	er change(s) here: (Attach additional sheets, if necess	sary.)
	· · · · · · · · · · · · · · · · · · ·		
Dated	1015	, <u>2009</u> .	
	Tracis	O'Such	
	Tracy	a member or authorized representative of a member O'SUCH Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00