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-				
•	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
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EXAMINER



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SECRETARY OF STATE

FILED

COVER LETTER

TO:

Registration Section

ing in the problem of the meaning of the arms of processings.

Division of Co	rporations					
SUBJECT:	Zoom	Footage LLC				
•	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Jane M Sloan				
		Name of Person				
	McCabe Productions Inc					
	Firm/Company					
	P O Box 320956					
		Address				
	т	ampa FL 33679-2956				
		City/State and Zip Code				
	jmsl	oan@tampabay.rr.com				
	·	to be used for future annual report notification)				
For further information	concerning this matter, please c	all:				
ال يه	ane M Sloan	at (_813) 361-8450				
Name	of Person	Area Code & Daytime Telephone Number				
	•					
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	JNG ADDRESS: tration Section	STREET/COURIER ADDRESS: Registration Section				
Divisi	on of Corporations	Division of Corporations				
	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle				
		2661 Executive Center Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zoom Footage LLC							
(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 Lia Florida document number	were filed on	12/24/2009	and assigned				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
	AM Media						
The new name must be distinguishable and end with "L.L.C."	n the words "Limit	ed Liability Co	ompany," the designation "LI	C" or the abbreviation			
Enter new principal offices address, if applica	N/A						
(Principal office address MUST BE A STREET	T ADDRESS)						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		N/A	on our records, enter th	e name of the new			
registered agent and/or the new registered off			•				
Name of New Registered Agent:	N/A						
New Registered Office Address:	N/A			e J			
			Enter Florida street addr	<u>>√</u>			
		<u>.</u> .	, Florida	SS 5			
City				Zip Code			
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this content.	d agent and agre coper and compl tered agent as p egistered office	ete performa rovided for i	ince of my duties, and I ar in Chapter 608, F.S. Or, i	n familiar with and f this document is			

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>Tițle</u>	<u>Name</u>	Address	Type of Action
•			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ary.)
_			<u> </u>
Dated T	Muney 13 , 20	010	10 ,
	Simplified of a member	er or authorized representative of a member	CRE IA
	_	Kevin L McCabe	SSE OF L
		d or printed name of signee	
	••	Page 2 of 2	≘ <u>`</u> ?
	I	Filing Fee: \$25.00	10 No. 10