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J. BRYAN

JAN 18 2012

EXAMINER

COVER LETTER

TO:

го:	Registration Se Division of Con			
SUBJE	CT.	Junipe	er Media LLC	
SUBJE	CI:		ted Liability Company	
		Amendment and fee(s) are sub	•	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Charles T Schaeffer Name of Person	
	,		Juniper Media LLC	
			141 Key Palm Road	2012 JAN 17 PH 4: 09 2012 JAN 17 PH 4: 09 TALLANASSEE, FLORIDA TALLANASSEE, FLORIDA
		a	Address	HASSE HASSE
			City/State and Zip Code	EFFLOREST
For furt	her information (schaeffer@gmail.com to be used for future annual report notificatio	m) RIDA 9
		les T Schaeffer		I-6903
	Name o	of Person	Area Code & Daytime Tele	ephone Number
Enclose	ed is a check for t	he following amount:		
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations sox 6327	STREET/COURIER A Registration Section Division of Corporation Clifton Building	ns
		assee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>Juniper</u>	Media LLC	
(Name of the Limite	<u>d Liability Con</u> A Florida Limit	npany as it now appe ed Liability Company	<u>ears on our records.</u>))
The Articles of Organization for this Limited I Florida document number L1000000 This amendment is submitted to amend the fol A. If amending name, enter the new name of	Liability Comp 17077 lowing: of the limited l	any were filed on	January 20, 2010 and assigned ere:
The new name must be distinguishable and end w "L.L.C."		-	pany," the designation "LLC" of the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	/or registered ffice address N/A N/A	here:	our records, enter the name of the new Enter Florida 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: MGR = Manager MGRM -= Managing Member **Title** Name <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _____, 2012 January 12 Dated _ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Charles T Schaeffer
Typed or printed name of signee