

#L 10000015819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

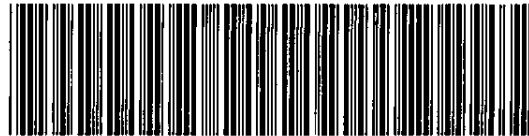
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT 19 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legaltechmedia, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John M Eamigh

Name of Person

CourtLogger, LLC

Firm/Company

PO Box 550894

Address

Jacksonville, FL 32255

City/State and Zip Code

jeamigh@courtlogger.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Eamigh

Name of Person

at (904)

217-3390

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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
11 OCT 17 AM 10: 57
CLERK OF STATE
TALLAHASSEE, FLORIDA

LegalTechMedia, 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 Liability Company were filed on 2/11/2010 and assigned
Florida document number L10000015819.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CourtLogger, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

116 N Atherley Rd

(Principal office address MUST BE A STREET ADDRESS)

Saint Augustine, FL 32092

Enter new mailing address, if applicable:

PO Box 550894

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32255

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John M Eamigh

New Registered Office Address:

116 N Atherley Rd

Enter Florida street address

Saint Augustine

, Florida

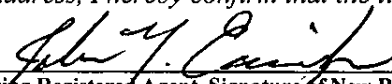
32092

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

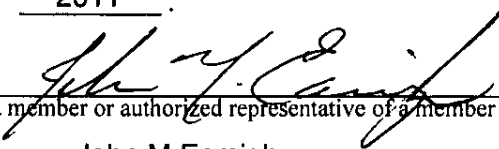
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Amanda J Eamigh	PO Box 550894 Jacksonville, FL 32255	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Thadeus Kirnie	8979 Rockpond Meadows Dr Jacksonville, FL 32221	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John M Eamigh	PO Box 550894 Jacksonville, FL 32255	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 13, 2011.

Signature of a member or authorized representative of a member


John M Eamigh

Typed or printed name of signee