

L100000 87198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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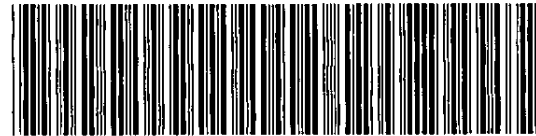
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MH Media, 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:

William Scott Hendrix

Name of Person

MH Media, LLC

Firm/Company

3545 St. Johns Bluff Road South, Suite #4

Address

Jacksonville, Florida 32224

City/State and Zip Code

shendrix7187@gmail.com

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

For further information concerning this matter, please call:

William Scott Hendrix

904 510-2474
at ()

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

☐ \$55.00 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

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**

MH Media, 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 August 19, 2010 and assigned
Florida document number L10000087198.

This amendment is submitted to amend the following:

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

Not Applicable

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3545 St. Johns Bluff Road South

Suite #4

Jacksonville, Florida 32224

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3545 St. Johns Bluff Road South

Suite #4

Jacksonville, FL 32224

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:

William Scott Hendrix

New Registered Office Address:

3545 St. Johns Bluff Road South, Suite #4

Enter Florida street address

Jacksonville

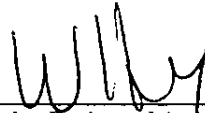
Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Scott Nelson	11624-1 Davis Creek Rd E	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	John Whitley	1486 Henry Mosley Rd	<input type="checkbox"/> Add
		Maxville, FL 32234	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Shelby Whitley	1486 Henry Mosley Rd	<input type="checkbox"/> Add
		Maxville, FL 32234	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 2 4 12:56 PM '08

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

Not applicable

E. Effective date, if other than the date of filing: _____ ^{Date of Filing} (optional)

Date of Filing

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing Pursuant to 605.0207 (3)(b))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 18 2015

Signature of a member or authorized representative of a member

William Scott Hendrix

Typed or printed name of signee

15 JUN 1965 AM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Pursuant to 605.02
will not be listed
the earlier