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SECRETARY OF STATE

J. BRYAN

SEP 14 2011

EXAMINER

COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	Mediatio	n Holdings, LLC		
		ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	ndence concerning this matte	r to the following:		
		Marlyn J. Wiener, Esq.		_
		Name of Person		
	M	Marlyn J. Wiener, P.A.		
		Firm/Company		TO SE TO
	6111 Broke	n Sound Parkway NW, S	uite 330	P 13 PH 12 AHASSEE, FI
		Address		J. G. A.
	F	Boca Raton, FL 33487		13 PHIZ: 46 TARY OF STATE
		City/State and Zip Code		SATE S
	mai	rlyn@ mwfloridalaw.com (to be used for future annual report n	estification)	17
For further information or	oncerning this matter, please	•	ouncación)	
ror turtiler information co	oncerning uns matter, piease	zan.		
	J. Wiener, Esq.	at (_561_)	443-7124	
Name of	Person	Area Code & Day	rtime Telephone Numbe	er
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &
Registra	NG ADDRESS: ation Section n of Corporations	STREET/COL Registration Se Division of Cor		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited</u> (A	ediation Ho Liability Compa Florida Limited I	oldings, LLC ny as it now appear isbility Company)	s on our records.)		
The Articles of Organization for this Limited Lia Florida document numberL100001026	ability Company		09/30/2010	and assigned	
This amendment is submitted to amend the follows. A. If amending name, enter the new name of	J	oility company her	<u>e</u> :	FILED TH SEP 13 PH 12:	1
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	ny," the designation "I	LC and e aboveviati	OI
Enter new principal offices address, if applica	ble:	777 East Atla	ntic Avenue	-	_
(Principal office address MUST BE A STREET	(ADDRESS)	Delray Beach	, FL 3348 3		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	sox)	777 East Atla			-
B. If amending the registered agent and/o	r registered of	fice address on o		the name of the n	e v
Name of New Registered Agent:	Marlyn J. W	_			-
New Registered Office Address:	New Registered Office Address: 6111 Broken Sound Parkway NW, Suite 330				
		Ent	ter Florida street add	lress	
	B	oca Raton	, Florida	33487	-
		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

•1- 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ary.)
			SECRETARIAN SI
		, , , , , , , , , , , , , , , , , , ,	FILED PHIS:U
Dated	August 31	2011	En STATE OF THE COLUMN TO THE
	Signature of a mem	ber or authorized representative of a member	
	Tom Pronesti, Pre	esident of Cross Street Partners, Inc.	
	Ту	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00