

L11000002409

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 19 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Greenshine Media**  
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:

Jonathan Solomon

Name of Person

RMC Venture Group

Firm/Company

8902. N. Dale Mabry Suite 200

Address

Tampa, FL 33614

City/State and Zip Code

jsolomon@edean.tv

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

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14 JUL 18 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jonathan Solomon

Name of Person

at ( 813 ) 712-3071  
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**

Green Shine Media

(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 1/6/11 and assigned  
Florida document number L11000002409.

This amendment is submitted to amend the following:

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

Fountainhead Digital, 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:

8902 N. Dale Mabry

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 200

Tampa, FL 33614

Enter new mailing address, if applicable:

8902 n. Dale Mabry

**(Mailing address MAY BE A POST OFFICE BOX)**

Suite 200

Tampa, FL 33614

**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:

Jonathan Solomon

New Registered Office Address:

8902 N. Dale Mabry Suite 200

*Enter Florida street address*

Tampa

Florida

33614

*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:

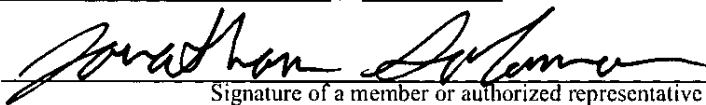
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Nathan Schwagler</u>	<u>10242 SHADOW BRANCH DRIVE</u> <u>TAMPA FL 33647</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Jonathan Solomon</u>	<u>10242 shadow Branch Drive</u> <u>Tampa, FL 33647</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Jonathan Solomon</u>	<u>8902 Dale Mabry</u> <u>Suite 200</u> <u>Tampa, FL 33614</u>	<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 July 11, 2011



Signature of a member or authorized representative of a member

Jonathan Solomon

Typed or printed name of signee

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JUL 18 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA