# 11000043242

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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	New Life N	Media Group, LLC	
	· · · · · · · · · · · · · · · · · · ·	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		David A. Cosh	
		Name of Person	
		Firm/Company	
		3543 NE 13th Ave.	
		Address	
		Cape Coral, FL 33909	· · · · · · · · · · · · · · · · · · ·
	el o c	City/State and Zip Code	
	E-mail address: (	osh1024@earthlink.net to be used for future annual report notific	ation)
For further information	concerning this matter, please of	eall:	
David A. Cosh Name of Person		at (239_)5 Area Code & Daytime	73-9606
·	. Wileswi	Area Code & Daytine	retefatore reminer
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

New Life Media Group, 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 \_\_\_\_\_April 11, 2011 L11000043242 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street add 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 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>	Address	Type of Action		
MGRM	David A. Cosh	3543 NE 13th Ave. Cape Coral, FL 33909	Add Remove		
MGRM	Jeffrey B. Gindy	1428 Second Street, Suite 100 Santa Monica, CA 90401	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)			
<del></del>			<del></del>		
			_ _		
Dated	, \$	and B. Cah			
	Signature of a 1	David A. Cosh Typed or printed name of signee			

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Filing Fee: \$25.00