# L110000093275

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



600235437176

06/01/12--01010--030 \*\*60.00

12 JUN - 1 AM II: 57
SECKELLARY OF STATE
AND THE SECRET FLORIDA

C. LEWIS

JUN -4 2012

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor	edon <b>se</b> porations			waters to the Control of the Control
- 18 <b>11</b>		Madia Ossus II O		٠.
SUBJECT:	<del></del>	Media Group LLC	,	
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
		David A. Cosh	A = 1 + 1 p y y	_
		Name of Person		
	Com	merce Media Group	LLC .	_
		Firm/Company		
		3543 NE 13th Ave.		_
	**	Address		_
	Ca	pe Coral, Florida 339	09	
		City/State and Zip Code		_
	dcc	osh1024@earthlink.n to be used for future annual rep	et	
			oort nottineation)	
For further information c	oncerning this matter, please of	call:		
Da	vid A. Cosh	at ( 239 )	573-9606	
Name o	f Person	Area Code &	Daytime Telephone Numb	er
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &. Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certific	iling Fee, cate of Status & ed Copy onal 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

12 JUN - 1 AM 11: 57

Comm	<u>ierce Media Group Li</u>	<u>C SECRET</u>	AY OF STATE
( <u>Name of the Limited Lia</u> (A Flo	Nerce Media Group Libility Company as it now apperida Limited Liability Company	ars on our records!) AllA	SSEE, FLORIDA
The Articles of Organization for this Limited Liabil Florida document numberL1100009327	lity Company were filed on		
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	e limited liability company h	e <u>re</u> :	
The new name must be distinguishable and end with th 'L.L.C."	e words "Limited Liability Com	pany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	*******	
	,		
B. If amending the registered agent and/or in registered agent and/or the new registered office		our records, enter th	e name of the new
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	E	Enter Florida street addre	ess
_		, 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 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 = Ma MGRM = N	nager 1anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Steve Decker	P.O. Box 2552 Atlantic Beach, NC 28512 L	☐ Add  IS
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amen	ding any other information	, enter change(s) here: (Attach additional sheets,	if necessary.)
_			12 JUN -
Dated	May 29		FILED  I-I AMII: 57  KSSEE FLORDA
	Signatu	ire of a member or authorized representative of a memb	er
		David A. Cosh Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00