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SEURLIARY OF STATE
ALLIAHASSEF, FLORIDA

B. BOSTICK
MAR **2 9** 2012
EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJE	CT:	Central V	alley Media, LLC				
		Name of Lim	ited Liability Company				
The end	closed Articles of A	mendment and fee(s) are su	bmitted for filing.				
Please 1	eturn all correspond	dence concerning this matte	r to the following:				
			Jerry L. Taylor				
			Name of Person				
	Central Valley Media, LLC						
		······································	Firm/Company				
		pc	Box 25331 SJO 69788				
	Address						
			#: : F1 00400 F004				
	Miami, FL 33102-5331 City/State and Zip Code						
		J	IT.cvmllc@gmail.com		TAL 18	- 3	
		E-mail address: (to be used for future annual report n	otification)	L A	<u> </u>	7
For further information concerning this matter, please call:					IANT IANT	12 MAR 28 PM 1:5	
	Jer	ту Taylor	at (801)	613-6132	m _©	P	6
	Name of F	Person	Area Code & Day	time Telephone Number	AHASSEE, PLORIDA	1:58	صيده
Enclose	d 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 enclo	sed) Certified	te of Status		ed)

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

Central	Valley Media, LLC			
(Name of the Limited Liability (A Florida	Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	10-12-2011	and assigned	
Florida document numberL11000117243	·			
This amendment is submitted to amend the following:			.~	
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Compa	ny," the designation '	'LLC" or the abbreviatio	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)		SEC 72	
		·	PAR TO	
			28 SSE	
Enter new mailing address, if applicable:			<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)			1:58	
			75 8 8	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:	· · · · · ·			
New Registered Office Address:			, ,	
	Enter Florida street address			
	, Florida		Zip Code	
	City		zip Coae	

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 **Title** Name **Type of Action** Address MGRM Lynda L Taylor 7979 NW 21st Street, SJO 69788 ☐ Add Miami Florida 33122-1616 Remove ☐ Add Remove ☐ Add Remove ÑAdd Remove ∏Add □Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The address of the MGRM (Lynda) above, who is being removed, is the address on the "original" LLC docs and NOT the current address of record for CVM. The EFFECTIVE DATE of this change is requested to be Oct 13, 2011 as she has not been able to participate in CVM activities since the filing on Oct 12, 2011.

Jerry L. Taylor

2012

March 15

Dated

Typed or printed name of signee

Signature of a member or authorized representative of a member

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Filing Fee: \$25.00