

L12000033816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

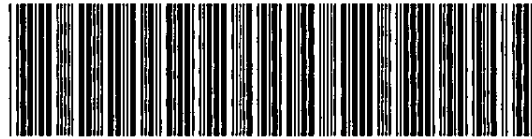
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/05/12--01010--025 **25.00

2012 NOV -5 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
NOV 6 2012

NOV 6 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: In Media Res LLC
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:

Jackson H. Egan

Name of Person

In Media Res LLC

Firm/Company

P.O. Box 11066

Address

Naples, FL 34101

City/State and Zip Code

jackson@sneagan.com

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

2012 NOV -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jackson H. Egan

Name of Person

at (352)

342-0512

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**

In Media Res 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 03/09/2012 and assigned
Florida document number L12000033816.

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)

2012 NOV -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jackson H. Egan

New Registered Office Address: 2086 Alamanda Dr.

Enter Florida street address

Naples, Florida 34102
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>
MGRM	Jackson H. Egan	5050 Ave Maria Blvd. Ave Maria, FL 34142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gregory M. Colker	5050 Ave Maria Blvd. Ave Maria, FL 34142	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jackson H. Egan	PO Box 11066 Naples, FL 34101	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gregory M. Colker	PO Box 11066 Naples, FL 34101	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Principal Office Address changed FROM: 5050 Ave Maria Blvd. Ave Maria, FL

34142 TO: 2086 Alamanda Dr. #101 Naples, FL 34102

Mailing Address changed FROM: 5050 Ave Maria Blvd. Ave Maria, FL 34142

TO: PO Box 11066 Naples, FL 34101

Dated November 1, 2012

Signature of a member or authorized representative of a member

Jackson H. Egan

Typed or printed name of signee

2012 NOV -5 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA