

L12000035259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG 20 AM 11:27

AUG 21 2013
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: BLUE EYED MEDIA, 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:

CAROLYN CHAMBERLAIN

Name of Person

BLUE EYED MEDIA, LLC

Firm/Company

16450-3 TAMiami TR. PMB 142

Address

FORT MYERS, FL 33908

City/State and Zip Code

pwccooler@gmail.com

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

For further information concerning this matter, please call:

CAROLYN CHAMBERLAIN

Name of Person

at **(941) 270-3232**

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

BLUE EYED MEDIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/12/2012 and assigned Florida document number 12000035259

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 office address, if applicable:

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

16450-3 TAMIAMI TR. PMB 142
FORT MYERS, FL 33908

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:

CAROLYN CHAMBERLAIN

New Registered Office Address:

16450-3 TAMIAMI TR. PMB 142

(Florida street address)

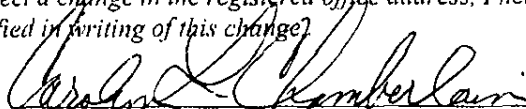
FORT MYERS, Florida 33908

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

7/30/13

C. 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

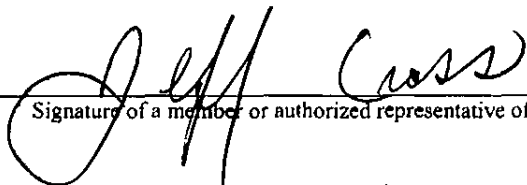
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CAROLYN CHAMBERLAIN	16450-3 TAMiami TR. PMB 142	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33908	<input type="checkbox"/> Remove
MGRM	JEFF CROSS	8045 SW 100 TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Remove

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

NA

Dated JULY 12, 2013.


Signature of a member or authorized representative of a member

JEFF CROSS

Typed or printed name of signee

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Filing Fee: \$25.00