# 12000093344

| (Re                     | questor's Name)    |           |
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| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| . (Do                   | ocument Number)    |           |
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ZUIZUEU ZI PH I: 31 SECRETARY OF STATE TALL AHASSEF, FLORIDA

J. BRYAN

DEC 2 € 2012

**EXAMINER** 

### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

C-2-C 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:

# Kathleen Capodice

Name of Person

# Capodice & Associates, Inc

Firm/Company

33 West Huron Suite 811

Address

Chicago, IL 60654

City/State and Zip Code, 4+ 34 36303

capassoc@flash.net

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

For further information concerning this matter, please call:

# Kathleen Capodice

<sub>31</sub>312<sub>1</sub>925-98

Name of Person

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

C-2-C Media, 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 Lia Florida document number L12000093344   | bility Company  | were filed on $\frac{07}{}$   | 18/2012                 | Fand assigned             |
|--|---|-------------------------------|-------------------------|---------------------------|
| This amendment is submitted to amend the following                                       | wing:   |                               |                         |                           |
| A. If amending name, enter the new name of   | the limited liab  | ility company her             | 2:                      |                           |
| The new name must be distinguishable and end with "L.L.C."                               | the words "Limi   | ted Liability Compar          | ny," the designation    | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:                                      |   | 220 South Collier, Suite 1406 |                         |                           |
| (Principal office address MUST BE A STREET ADDRESS)                                      |   | Marco Island                  | , Florida 3414          | 5                         |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B        | <u>30X)</u>   |                               |                         |                           |
| B. If amending the registered agent and/o registered agent and/or the new registered off | -   |                               | ur records, <u>ente</u> | er the name of the new    |
| Name of New Registered Agent:  | Kathleen Capodice   |                               |                         |                           |
| New Registered Office Address:   | 220 South Collier, Suite 1406  Enter Florida street address |                               |                         |                           |
|  | Marco Islar   | nd                            | , Florida               | 34145                     |
|  |   | City                          | , 1 101101              | 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> | Name           | Address                 | Type of Action |
|--------------|----------------|-------------------------|----------------|
| MGRM         | David W. Hampe | 33 West Huron Suite 811 | Add            |
|              |                | Chicago, IL 60654       | Remove         |
|              |                |                         | _              |
|              |                |                         | Add            |
|              |                | Fig. 3                  | Remove         |
|              |                | LLAHAS TAR              | Remove T C 2   |
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|              |                |                         | Remove         |
|              |                |                         | [] Remove      |

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> | Name           | Address                 | Type of Action |
|---------------|----------------|-------------------------|----------------|
| MGRM          | David W. Hampe | 33 West Huron Suite 811 | Add            |
|               |                | Chicago, IL 60654       | Remove         |
|               |                |                         | -              |
| <del></del>   |                |                         | Add .          |
|               |                | TASE S                  | Remove         |
|               |                | LAHASSEE. FI            | Remove         |
|               |                | FLORIDA                 | Remove         |
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| D. If ame | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |           |
|-----------|--|-----------|
| _         |  |           |
| _         |  |           |
| _         |  |           |
|           |  |           |
|           |  |           |
| Dated _   |  |           |
|           | Karn E Can   |           |
|           | Signature of a member or authorized representative of a member                               | Associate |
|           | Page 3 of 3  | Drc .     |

Filing Fee: \$25.00

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2012 DEC 21 PM 1:31
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