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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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FEB 22 2011 D. BRUCE

COVER LETTER

Division of Cor	porations				
SUBJECT:	JBC Mea	ie Group LLC led Liability Company			
	Amendment and fee(s) are sub	•			
r-rease return an correspo	ndence concerning this matter	to the following:			
	C	orey Mills			
		Name of Person			
	JBC	Media Group, Lb	<u>. </u>		
	10 Winds	ormere Way Suit	k 500		
	Oviedo	FI. 32765 City/State and Zip Code			
	C a 1	City/state and Zip Code			
	E-mail address: (i	o be used for future annual report notification	n)	~ ~	
For further information co	oncerning this matter, please c	all:			******
Core	y Mills	at (407) 257 - 062 Area Code & Daytime Tel	'		
Name o	Person	Area Code & Daytime Tel	ephone Number	000 000 100 100	:
Enclosed is a check for th	e following amount:				4:25
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	l)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liabili (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the w "L.I.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	<u>PRESS)</u>	Project Control of the Control of th

Enter new mailing address, if applicable:		() = 1 () () () () () () () () () () () () () (
(Mailing address MAY BE A POST OFFICE BOX)		-17"*1 : -13"
		August 1997 - State Committee Commit
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	Florida street address
		, 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 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
MGR	Corey Mills	10 Windsormere Way	Add
	·	Suite 500	Remove
		Suite 500 Ovieds, Fl 32765	
			\ Add
			Remove
			Add
			Remove
			
			Remove
		~	
		(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	٠,
			Remove
			Remove
		-	- -

. If an	nending any oth	her information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·	
ated	February	19 , 2013 .
		an
		Signature of a member or authorized representative of a member
		Crey Mills Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00