

L17000042434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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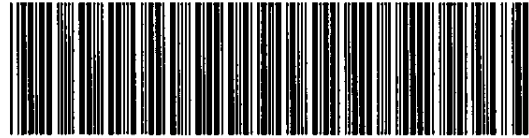
(Business Entity Name)

(Document Number)

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JAN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JANUS MEDIA NETWORK 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:

CAMELIA CARTER

Name of Person

JANUS MEDIA NETWORK

Firm/Company

PO BOX 203

Address

CRYSTAL BEACH, FL 34681

City/State and Zip Code

INFO@CAMELIACARTER.COM

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

For further information concerning this matter, please call:

CAMELIA CARTER

Name of Person

at **727 507-1598**

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

14 JAN -8 11:41
TALLAHASSEE
FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JANUS MEDIA NETWORK 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 3/21/13 and assigned
Florida document number L13000042434.

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)

1603 HIGHLAND CLUB LANE

PALM HARBOR, FL 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 203

CRYSTAL BEACH, FL 34681

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:

MARCELYN KAY PAGE

New Registered Office Address:

1603 HIGHLAND CLUB LANE

Enter Florida street address

PALM HARBOR

, Florida 34684

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 605, 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.


Marcelyn Kay Page
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARCELYN KAY PAGE	1603 HIGHLAND CLUB LANE	<input checked="" type="checkbox"/> Add
		PALM HARBOR, FL 34684	<input type="checkbox"/> Remove
MGRM	JAMES R CARTER	1025 CLASSIC DRIVE	<input type="checkbox"/> Add
		HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Remove
MGR	CHELSEA J JENKINS	1025 CLASSIC DRIVE	<input type="checkbox"/> Add
		HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Remove
MGR	RUSTY-JAMES PARKER	1025 CLASSIC DRIVE	<input type="checkbox"/> Add
		HOLIDAY, FL 34691	<input checked="" type="checkbox"/> Remove
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STATIONERY OF STATE
TALLAHASSEE, FLORIDA
JUN - 8 1997

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

CHANGE ADDRESS FOR CAMELIA CARTER - MGRM

NEW ADDRESS: 509 PENNSYLVANIA AVENUE, CRYSTAL BEACH, FL 34681

(PREFER TO USE ONLY PO BOX FOR CAMELIA CARTER FOR PUBLIC FIGURE PROTECTIVE REASONS)

PO BOX 203, CRYSTAL BEACH, FL 34681

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated

January 4, 2014

Camelia Carter

Signature of a member or authorized representative of a member

CAMELIA CARTER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
16 JAN -8 AM 11:41
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