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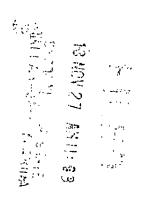
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COVER LETTER

TO: Registration Section
Division of Corporations

Emerald Coast New 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:

Debra G Byrd

Name of Person

Emerald Coast New Media LLC

Firm/Company

P. O. Box 180571

Address

Tallahassee, FL 32318

City/State and Zip Code

debbie@byrdtech.com

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

For further information concerning this matter, please call:

Debra Byrd

850 386-5016

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

Emerald Coast New Media LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record: Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000045087	were filed on March 26, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	endment is submitted to amend the following: nending name, enter the new name of the limited liability company here: name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation ew principal offices address, if applicable: al office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: Emerald Coast New Media LLC P.O. Box 180571 Tallahassee, FL 32318	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
•		
Enter new mailing address, if applicable:	Emerald Coast New Med	ia LLC
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 180571	
	Tallahassee, FL 32318	Contract of the second
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Floric	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			07.27
			Addy
			Remove
			Add
			Remove
			Add
_			Remove

, = - ,	enter change(s) here: (Attach additional sheets, if necessary.)
	
November 25	2013
-	e of a member or authorized representative of a member
Debra G Byrd	SUNTA DO NOLIVA

Page 3 of 3

Filing Fee: \$25.00