

L130000093077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

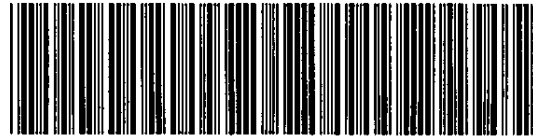
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/13--01002--012 **25.00

FILED

13 OCT 15 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEXTER 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:

TEN SCHAEDLER
Name of Person

Jetton HIGGS
Firm/Company

3225 S. MADRILL AVE, STE # 129-270
Address

Tampa, FL 33629
City/State and Zip Code

info@textermedia.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ten Schaedler at (813) 888-588-TEXT
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

TEXTER MEDIA, LLC

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

FILED
13 OCT 15 PM 3:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 6/27/13 and assigned
Florida document number L13000093077

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)

3225 S. Macdill Ave
STE # 129-270
Tampa, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3225 S. Macdill Ave
STE # 129-270
Tampa, FL 33629

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:

JIM STEWART

New Registered Office Address:

2525 W WATROUS AVE

Enter Florida street address

TAMPA

City

Florida

33629

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.


Jim Stewart
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

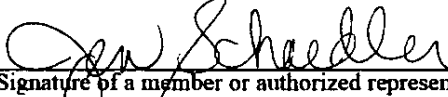
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jettow Holdings, LLC	3225 S. MacDILL AVE	<input checked="" type="checkbox"/> Add
		STS #129-270	<input type="checkbox"/> Remove
		Tampa, FL 33629	
MGRM	DOUG Schaefer	2517 WEST Jettow AVE	<input type="checkbox"/> Add
		Tampa, FL 33629	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated

10/10/2013

X 

Signature of a member or authorized representative of a member

X JEN Schaebler

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00