## \*L13000117038

(Re	questor's Name)		
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
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LLAHASSEE, FLORIDA

K.SALY EXAMINER NOV 1 5 2013

## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Median Management of Limited Liability Company  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:
JOHN Boyington OR TETERI Name of Person BLACKBURN
Firm/Company
2706 Glen Oak Circle
Coulf Breeze FL 32563 terri. blackburno gwail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    TETRI BACKBURN   at (45) 377-2109   Name of Person   Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$\subset\$\$\subset\$\$\subset\$\$\$\subset\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION Liability Company as it now appears on Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 **Title Type of Action** Howther BIACKBURN 2006 Glen Oak Cir Add MGRM JERR Gulf Breeze, FL MGRM JOHN Boyington Remove Remove Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Dated	3-31, 3913	-21-17
	Signature of a member or authorized representative of a/member  TERP PACKBURY  Typed or printed name of signee	hn Boyington

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Filing Fee: \$25.00