

L13000123732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

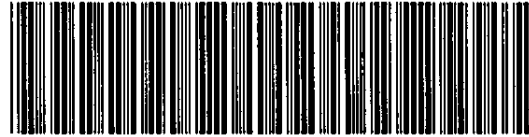
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 MAR -5 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. C. Sullivan MAR -6 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAGOM 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:

JASON COLEMAN

Name of Person

LAGOM MEDIA, LLC

Firm/Company

7641 OLD HICKORY DRIVE

Address

PENSACOLA, FL 32507

City/State and Zip Code

jasontheman07@gmail.com

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

For further information concerning this matter, please call:

JASON COLEMAN

Name of Person

at (850)

Area Code

474-9014

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**

FILED

2014 MAR -5 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Lahom Media, 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 SEPTEMBER 3, 2013 and assigned Florida document number L13000123732.

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)

7641 OLD HICKORY DRIVE

PENSACOLA, FL 32507

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7641 OLD HICKORY DRIVE

PENSACOLA, FL 32507

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:

JASON COLEMAN

New Registered Office Address:

7641 OLD HICKORY DRIVE

Enter Florida street address

PENSACOLA

Florida

32507

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.

Jason Coleman
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

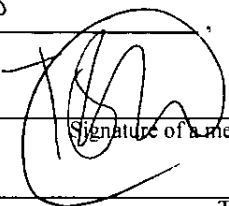
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tommy L NEEL	6287 BELGADIER ROAD	☐ Add
		MILTON, FL 32576	☒ Remove
MGR	RALPH A PALMER IV	1949 CREIGHTON ROAD	☐ Add
		PENSACOLA, FL 32504	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 28, 2014



Signature of a member or authorized representative of a member
Tommy L NEEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 MAR -5 PM 12:50
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TALLAHASSEE, FLORIDA