# L14000011847

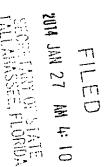
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Special Instructions to I	Filing Officer:	
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# **COVER LETTER**

Name of Emilieu Emoliny Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
COLW TRETHEWEY  Name of Person						
Name of Person						
PR MEDIA NOW LLC						
Firm/Company						
10106 CANNON DRIVE						
Address						
RIVERVIEW, FL, 33578						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
COLIN TRETHEWEY  Name of Person  at (813) 480 - 1354  Area Code Daytime Telephone Number						
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
(additional copy is enclosed) Certified C	of Status &					

### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 JAN 27 AM 4: 10

SECRETARY OF STATE TALL AHASSEE, FLORIDA

PR	MEDIA NOW LLC
( <u>Name of the Limite</u> (/	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number  \( \bigcup \frac{140000118}{2} \)	bility Company were filed on $01/22/2014$ and assigned $347$ .
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>enter the name of the new</u> ice address here:
Name of New Registered Agent:	COLIN TRETHEWEY  10106 - CANNON DRIVE  Enter Florida street address
New Registered Office Address:	10106-CANNON DRIVE
	RIVERVIEW, Florida 33578  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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Actio
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			Remove
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			☐ Remove
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D. If ame		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	_			
	_			
E.	(The effect the date	re date, if other than the date of filing:(optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)		
	Dated _	January 24 . 2014.		
		Signature of a member or authorized representative of a member		
		COLIN TRETHEWEY		
		Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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