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**S Warren** MAR 13 2017

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: COAST TO COAST Media Group  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:
Wayne Cook Name of Person
CoAst to Coast Media GROUP
4925 SW 53E Rd. Address
OCAIA, FI. 34474 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wayne Cook Name of Person  at (352) 805-7102 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

Media Gravo
iv as it now appears on our records.) iability Company)  / - 26 - / 5
were filed on and assigned
lity company here:
ty Company," the designation "LLC" or the abbreviation "L.L.C."
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St. Augustine, Fl 32086
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22
FSI N
SH o
fice address on our records, enter the name of the new
isa hin Cook
the tree GAN Les Drive  Enter Florida street address
Sustine, Florida 32086  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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Address</u> **Type of Action** <u>Name</u> \_ Change □ Add

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Filing Fee: \$25.00