16000003190

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer: 5131
0150
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wrong form
Office Use Only

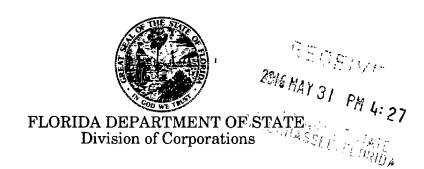


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April 11, 2016

FIVE-NINE MEDIA, LLC ATTN: BONNIE KOLINSKI PO BOX 33444 INDIALANTIC, FL 32903

SUBJECT: FIVE-NINE MEDIA, LLC Ref. Number: L16000003190

We have received your document for FIVE-NINE MEDIA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 316A00007390

COVER LETTER

Division of	Corporations	•	
Five-N	ine Media, LLC		
	Name of Limi	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Bonnie D. Kolinski		
		Name of Person	
	Five-Nine Media, LLC		
		Firm/Company	······································
	PO Box 33444		
		Address	
	Indialantic, FL 32903		
		City/State and Zip Code	·····
	bonnie@homebuildingtoday		
	E-mail address: (to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please ca	all:	
Betty Birch		321 427-6388	
Ne	ime of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe	ce \$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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION

Five-Nine Media, LLC

The state of the s (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

		01/01/2016	%
The Articles of Organization for this Limited Lia			and assigned
Florida document numberL16000003190	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," tl	ne designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	<u> [ADDRESS]</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OF FICE B	<u>OX)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi	-	on our records, g	enter the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Flori	da
	Ciny		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. Ot, 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

<u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
Shawna Kelsch	PO BOX 33444	Add
	Indialantic FL 32903	
	matalitie, 12 32503	Remove
		☐ Change
		Add
		Remove
		Change
		☐ Remove
		□ Change
		3 Change
		89.
		Remove
		Change
		Add
		□ Remove
		☐ Change

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Note: If the date inserted in this block of document's effective date on the Depart	pecific and cannot be prior to date of filing or more than 90 days does not meet the applicable statutory filing requirements ment of State's records. Sective date, but not an effective time, at 12:0	after filing.) Pursuant to 605.0207 (3), this date will not be listed as the
May 25	2016	
Dated	apure of a member or authorized representative of a member	
Bonnie D. Kolinski	Zana a momber of authorized representative of a member	ASE IN THE
Bonnie D. Konnski	Typed or printed name of signee	HAY W
	Types of printed name of signer	CO THE PROPERTY OF THE PROPERT
	Page 3 of 3	FIG. A. C.

Filing Fee: \$25.00