

L16000003190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

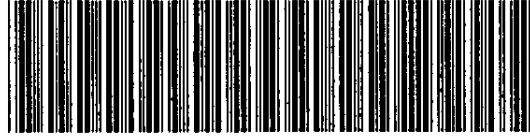
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
5/31  
  
Wrong form

Office Use Only



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04/08/16--01010--016 \*\*35.00

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2016 MAY 31 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Handwritten signature]* 6/3



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 MAY 31 PM 4:27

STATE  
TALLHASSEE, FLORIDA

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



TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2016 MAY 31 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Five-Nine 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 01/01/2016 and assigned  
Florida document number L16000003190.

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 contain 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*

\_\_\_\_\_, Florida \_\_\_\_\_

*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**

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	Shawna Kelsch	PO BOX 33444	<input type="checkbox"/> Add
		Indialantic, FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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