

L17000014815

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 8 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Emerald Coast Productions, 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:

Gregory Ammon

Name of Person

Emerald Coast Productions, LLC

Firm/Company

418 West Garden St. Box 10, STE 213

Address

Pensacola, Florida 32502

City/State and Zip Code

ecpgregammon@yahoo.com

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

For further information concerning this matter, please call:

Greg Ammon

904 655-9780
at ()

Name of Person

Area Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Emerald Coast Productions, 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 January 18, 2017 and assigned Florida document number L17000014815.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pensacola Media Group, LLC

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:

418 West Garden St.

(Principal office address MUST BE A STREET ADDRESS)

Box 10, STE 213

Pensacola, Florida 32502

Enter new mailing address, if applicable:

418 West Garden St.

(Mailing address MAY BE A POST OFFICE BOX)

Box 10, STE 213

Pensacola, Florida 32502

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

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jack Landrum Motley	9521 Bridlewood Rd.	<input checked="" type="checkbox"/> Add
		Pensacola, Florida 32526	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stanley Brant Peacher	5590 Homewood Rd.	<input checked="" type="checkbox"/> Add
		Pensacola, Florida 32504	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUL 17 11 53 AM '96
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there is some faint, illegible handwriting. The rest of the page is blank except for the lines.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MAY 1st, 2017

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Gregory S. Ammon
Typed or printed name of signer

Typed or printed name of signee

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