L19000220816

(Requ	estor's Name)
(Addr	ess)	
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(City/s	State/Zip/Phor	ne #)
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(Docu	ment Number)
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COVER LETTER

TO:

	gistration Sec vision of Corp				
OUD INCO		IVE VIDEOGRAPHY LLC		•	
SUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please retur	m all correspo	ndence concerning this matter	to the following:		
		Trevor Spiro			
			Name of Person		
			Firm/Company		
		7523 Ridge Rd			
			Address		
		Seminole,F.L. 33772			
			City/State and Zip Code		
		tspiro79@gmail.com	to be used for future annual report no	tification)	
For further	information co	oncerning this matter, please c			
Trevor Spi	ro		727 539-9540 at ()		
	Name of	f Person	Area Code Daytii	me Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres egistration S		Street Address: Registration Se	ection	
	ivision of C			Registration Section Division of Corporations	
P.	O. Box 632	7	The Centre of	Tallahassee	
Ta	allahassee, I	FL 32314	2415 N. Monr	oe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE VIDEOGRAPHY 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 August 29, 2019 and assigned Florida document number ______L19000220816 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Spiro Digital media 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: (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

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.

City

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>	Address	Type of Action
		□Add	
			□Remove
			☐ Change
			□Add
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			□Add
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Effectiv	re date, if other than the date of filing: (optional)
(If an effe <u>Note:</u>	ctive 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 605.0203 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ne record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	July 15 302/
	Signature of a member or authorized copresentative of a member

Filing Fee: \$25.00