

120000276302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

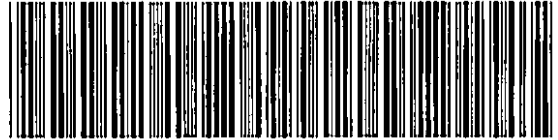
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/21/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENTERTAINMENT STREAMER
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:

JOHN C. CUMMINGS
Name of Person

ENTERTAINMENT STREAM
Firm/Company

3224 RIVER DR.
Address

FT. PIERCE, FL 34981
City, State and Zip Code

JCC@ENTSTREAMER.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

J.C. Cummings at 818, 720-6401 / 407 560-3456
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$80.00 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 6127
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MY TV LAND, 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 _____ and assigned
Florida document number 420000276302

This amendment is submitted to amend the following:

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

ENTERTAINMENT STREAMER, 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)

3224 RIVER DR

FT. PIERCE, FL

34981

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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

SAME AS ABOVE

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR – Authorized Member

Type of Action

1648 VISTA SANTA FE PLACE
CHICO HILLS, CA 91709

Remove

Change

— 244 —

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W. H. Langley

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References

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(b) (5) DPP

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

AB

E. Effective date, if other than the date of filing: MAY 25, 2021 (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 45 C.F.R. 101.11)

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.

If the 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 record is filed

Dated

MAY 29, 2021

Signature of a member or authorized representative of a member

John C. Cummings

Typed or printed name of signatory: _____

(Filing Fee: \$25.00)