L06000115386

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B. BOSTICK
OCT 1.4 2011
EXAMINER

COVER LETTER -

TO: Registra Division	třon Section of Corporations					
SUBJECT:	Firs	stInTV LLC				
	Name of Lim	ited Liability Company				
The enclosed Artic	cles of Amendment and fee(s) are sul	omitted for filing.				
Please return all co	orrespondence concerning this matter	to the following:				
	Ric	hard A. Bruner, Jr., E	Esq.	_		
		Name of Person				
	lop	polo Law Group, PL	LC	_		
		Firm/Company				
	1525 In	ternational Pkwy., St	e. 4071			
		Address		-		
	1	ake Mary, FL 32746	3	_		
	-	City/State and Zip Code		SEGNE TALLAH		
	E-mail address: (to be used for future annual re	port notification)	25	000	pro-
For further informa	ation concerning this matter, please c	all:		000 000 000 000	<u>ထ</u> ့်	
Rich	nard A. Bruner, Jr. Esq.	at (_407_)	444-1004	<u> </u>	10 1 a	ley.
1	Vame of Person	Area Code &	444-1004 Daytime Telephone Numbe	SEE. FLORIDA	P	
Enclosed is a checl	c for the following amount:					
√ \$25.00 Filing F	ee \$\int_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is a	enclosed) Certified	ate of Status		
N	AAILING ADDRESS:	STREET/	COURIER ADDRESS:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Firstlr	TV LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appead Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document numberL06000115386			and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>re:</u>		
	TV LLC			
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compa	any," the designation	"LLC" or the abbi	reviatio
Enter new principal offices address, if applicable:			Do -	
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	to representa
			長 当	COCYCERO
			င္ဟိုသု ယ	ವಿದ್ಯಾಪ್ತಿ ಕ್ಷ್ಮಾಪ್ತ
Enter new mailing address, if applicable:				111
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	4.44.5
	w. n_		35 S	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	ere:			he nev
	En	ter Florida street ad	dress	
	City	, Florida	Zip Code	
	City		esp coue	

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

. .

<u>Title</u>	Name	Address	Type of Action
			Add Remove
	ACCOUNT OF THE PROPERTY AND ADDRESS AND AD		Add Remove
all and the same of the same o			Add Remove
			Add Remove
	,		Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) ; O	
			PH 2:50
	:		- -
Dated	October 11 . 2011	··	
	1/00	er>	

Page 2 of 2

Filing Fee: \$25.00