# L070000 10142

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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### **COVER LETTER**

Divis	ion of Cor	porations			
I SUBJECT:		is Productions, LLC			
object: _	Name of Limited Liability Company				
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	-		
		Joseph Hale			
			Name of Person	<del></del>	
		David Lewis Productions,	LLC		
			Firm/Company		
621 39th Ave.					
			Address		
		Vero Beach, FL 32968			
			City/State and Zip Code		
		joey@propulsionav.com			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further info	ormation co	oncerning this matter, please co	all:		
Joseph Hale			772 532-7989		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a c	heck for th	e following amount:			
\$25,00 Fili	ing 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)	
	B# 4 ** 1	INC. ADDRESS		OD ADDRESS	

**MAILING ADDRESS:** 

**Registration Section** 

TO:

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

# ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	·	
The Articles of Organization for this Limited Liability Company were filed on Florida document number L07000010142	01/20/2007		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :		
Propulsion AV, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>	153	
(Principal office address MUST BE A STREET ADDRESS)		<i>ਲ</i> ੇ (ਹ	
		Electronical River Continues in	
	10.70 10.70		
Data and the State of	بان نیات	> [1]	
Enter new mailing address, if applicable:	OR	= -	
(Mailing address MAY BE A POST OFFICE BOX)	BH BH		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, <u>enter</u>	the name of th	
Name of New Registered Agent:			
New Registered Office Address:	Florida street address		
слиет	I torida sireet address		
	, Florida	7: 0 1	
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

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
		Remov	□ Remove
			Change
		44.44	□ Remove
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			□ Remove
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	date must be specific and	d cannot be prior to date	of filing or more than 9	optional) days after filing.)	Pursuant to 605.020'
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an effective date is listed, the dote: If the date inserted in occument's effective date or effective date or effective date or effective date.	n the Department of S elayed effective o	State's records.			
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