## 108000014318

(Re	equestor's Name)	
(Ac	ldress)	
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## **COVER LETTER**

Jul. 21, 2014

TO: Registration Sec Division of Corp			
SUBJECT: KANAN	Petrelle & asse	ciates LLC chang	z to Word of Hours
ı	Name of Lim	ited Liability Company /	·
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	Ketwork
Please return all correspon	ndence concerning this matter	to the following:	
	FRANK S.	TARAN +ello Name of Person	<del></del>
	WORD OF MO	uth Entertainm Firm/Company	nent Netwark LLC
	444 D-2	PINE GLEN LANG	2
	GREENACE	City/State and Zip Code	3
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	ali:	
FRANKS.	Person	al (561) 596 - Area Code Daytime	- 928 / e Telephone Number
Enclosed is a check for th	e 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

MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

KARENPETRELLA JAS	sociater	UC		WN 23	# 9: <b>3</b> 9
(Name of the Limited Liability (A Florida L	Company as it now a imited Liability Comp	ppears on our records any)	<b>s.</b> ) ⇔		* 17
The Articles of Organization for this Limited Liability Cor Florida document number <u>LOBOOO 743/8</u>		n <u>8-01</u>	-2008 a	nd assigned	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability compa	ıy here:			
WORD OF MOUTH ENTERTAIN The new name must be distinguishable and end with the words "Limit	MENE N	etwork of the designation "LLC	LLC C" or the abbrevi	ation "L.L.C.	45
Enter new principal offices address, if applicable:	**************************************				
(Principal office address MUST BE A STREET ADDRE	(223)	<del></del>			the make apple
Enter new mailing address, if applicable:	NA SELECTION OF THE SECOND OF	AAA TII TAAN AAA AAA AAA AAA AAA AAA AAA AAA AA			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		s on our records	s, <u>enter the r</u>	name of ti	he new
Name of New Registered Agent:					
New Registered Office Address:	Ente	r Florida street address	5	. <u> </u>	******
	···-	, Flo	วเา่ติล		
	Ciņ		Zη	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 any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
•	
	***************************************
Effective date, if other than the date of filing:	(optional)
he effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Dated 1-22-2014	
Ful S West	
Signature of a member or authorized repres	sentative of a member
FRANK S. TARAN	Itello
Typed or printed name of a	ionee

Page 3 of 3

Filing Fee: \$25.00

Reguest hame Change + (2) copies of Certificate of Status. Enclosing \$35.00. FST