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**EXAMINER** 

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09/04/12--01008--016 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Parodocs Media, UC  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:	
William R. Mayer  Paradocs Media  Firm/Company  210 Del Prado Blvd. S St.  Address  Cape Coral Fl. 33990  City/State and Zip Code  Dr bill 7 @ aol. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
William Mayer at 239 275-7935  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$60.00 Filing Fee. \$\text{Certified of Status & Certified Copy} \\ \text{(additional copy is enclosed)}\$\$	

MAILING ADDRESS: 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paradocs N	Media, LLC	
(Name of the Limited Liabili	ty Company as it now appears on our reco	ords.)
(A Fiorita	a Elimited Eliability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 2016	and assigned
Florida document number <u>LO800011</u>	Q5 <i>3</i> 8 ''	
	<del></del>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the bir	mited liability company here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		<u> </u>
		Sec Sec To
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST_OFFICE BOX)		サ ア ア イ イ イ
		四 是 1
		95 7 0
B. If amending the registered agent and/or regi		enter the name of the new
registered agent and/or the new registered office ad	ldress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	Fi	orida
····	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 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:

. . . 4

MGR = Manager

MGRM = Mai	naging Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u> m	Robert A. Mayer	412 SW 14th Terr. Cape Coral, 71. 339	Add
			Add Remove
	•		Add Remove
			/ Kessiove
•		11 7- (4)	Atti
		교 건 대	
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
			<del>-</del>
Dated	31 12 20 Signature of a member of	authorized representative of a member	
	William M	OVEY r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00