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EXAMINER

COVER LETTER

TO:

TO:	Registration Sect Division of Corpo			<i>£</i>			
SUBJE	SUBJECT: My Video Presentation, LLC						
Name of Limited Liability Company							
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please	return all correspond	dence concerning this matter	to the following:				
Susan Junod Name of Person							
			Name of Ferson				
Law Offices of Curtis & Associates PA							
Firm/Company 701 Market St., Suite 109							
	Address						
Saint Augustine, FL 32095				95			
		- Cai	City/State and Zip Code				
	susanjunod@curtisfirm.com				ALL SE	9	
		E-mail address: (t	to be used for future annual re	oort notification)	- AH	NON	
For fur	ther information con	cerning this matter, please c	all:		TARY ASSEE	12 AON 60	ILED
	Sus	an Junod	at (904)	819-6959	- F. S	PH	
	Name of F	erson	Area Code &	2 Daytime Telephone Nur	PATE ORIDA	PH 12: 33	U
Enclose	ed is a check for the	following amount:					
√ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	Certi	Filing Fe ficate of S ified Copy itional cop	tatus	
	Registrat	G ADDRESS: ion Section of Corporations	Registratio	COURIER ADDRESS on Section f Corporations	S:		
	P.O. Box		Clifton Bu				

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Video Pres (Name of the Limited Liability Compa (A Florida Limited I	sentation, LLC any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document numberL0900016511	y were filed on and assign	ıed			
This amendment is submitted to amend the following:	•				
A. If amending name, enter the new name of the limited liab	bility company here:				
My Video Prese	entations, LLC				
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designation "LLC" or the abb	reviation			
Enter new principal offices address, if applicable:	4745 Sutton Park Court				
(Principal office address MUST BE A STREET ADDRESS)	Suite 303				
Enter new mailing address, if applicable:	Jacksonville FL 32224 ARY 4745 Sutton Park Court				
(Mailing address MAY BE A POST OFFICE BOX)	Suite 303				
	Jacksonville FL 32224 원본 경				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he new			
Name of New Registered Agent:					
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 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:

MGR = Manager

MGRM = Managing Member **Type of Action** Address Title Name ☐ Add Remove Add ☐ Remove Add [Remove Add Remove ∏Add □ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Nov 19 <u> 200</u>9 Dated Signature of a member or authorized representative of a member C. William Curtis III Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00