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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN - 5 2009

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	K Vis	sion, LLC	
	Name of Limite	d Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
		Danielle Pareti	
		Name of Person	
		K Vision, LLC	
		Firm/Company	-
	8888	Chestnut Ridge Way	
		Address	
		nton Beach FL 33473	·
		City/State and Zip Code	
	dpare E-mail address; (to	ti@kvisionmedia.com be used for future annual report notificat	ion)
For further information	concerning this matter, please cal	·	
	Arturo Matta	at (305) 74 Area Code & Daytime T	12-6230
	·	,	,
Enclosed 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

K	(Vision, LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company were filed on0			and assig	and assigned	
Florida document numberL0900019605	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :			
The new name must be distinguishable and end with the wo	ords "Limited Liability Compa	nny," the designation "I	LC" or the abl	oreviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>	
				- SEC	
Enter new mailing address, if applicable:			7-1	ETARY OF CO	
(Mailing address MAY BE A POST OFFICE BOX)			1	유유	
			···	RAT	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0.4S	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	he name of	the nev	
Constitution and the second office and	reas nere.				
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 **Title** Name | **Type of Action** <u>Address</u> WDC North America, LLC MGRM 8878 KETTLE DRUM TERRACE ∏ Add BOYNTON BEACH FL 33473 Remove □ Add ☐ Remove ☐ Add ∏ Remove ☐ Add Remove Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Regulo E Solanilla MGRM, WDC North America, LLC

2009

May 30

Dated ___

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00