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(Re	equestor's Name)
(Ac	ddress)
(Ac	ldress)
(Ci	ty/State/Zip/Phone #)
(Bu	usiness Entity Name)
(Dc	ocument Number)
Certified Copies	Certificates of Status
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04/22/10--01035--010 **25.00



D. BRUCE

APR 23 2010

EXAMINER

COVER LETTER

TQ:	٠	Registration Section Division of Corporations	
		· · · ·	

SUBJECT:	LIVE	ONLINE	VIDEU	Psychics	, LLC
	ν	Name of Li	nited Liability	Company	1

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

1eC LC 00 Firm/Company θL Address City/State and Zip Code rearce Ą ucker \varnothing Co 'oM E-mail address: (to be used for future annual report notification) 0 APR 22 For further information concerning this matter, please call: ORGE R Name of Person Area Code & Daytime Telephone Number ယ္ ക Enclosed is a check for the following amount: 5.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Ŧ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ΩF ed Liability Company as it now appears on our record (A Florida Limited Liability Company) , 2007 and assigned APRIL 21 The Articles of Organization for this Limited Liability Company were filed on Florida document number _ LO 90003855

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	barroe	Ju
New Registered Office Address:	2004	SU

Garrie	. Tu	<u>cker</u>	2			
2004	SU	84	Ter	NAC	L	
•				street add		
North	LAUD	COAL	(, FI	lorida	33068	,
	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

<u>Title</u>	Name	Address	Type of Action			
MGRM	The BURPAU OF CORATIVITY, INC	2004 SW 84 TEL NORTH LAUDERDATE FL 33068	Add 			
MGRM	Denise Tucken	2004 SU 84 TERRALE NORTH LAYDERDALE, FL 33068	KAdd Remove			
M <u>GRM</u>	George Tucker	2004 SN 84 TERRATE North HAUDEROME, FL 3706	Add Remove			
			Add Remove			
			Add Remove 			
			Add Remove			
D. If ame – –	nding any other information, enter change		TILED			
 Dated <u>C</u>		or authorized representative of a member	> 			
	George HTUCKER Typed or printed name of signee					
Page 2 of 2						

Filing Fee: \$25.00