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TALLAHASSEE, FLORIDA

M. THOMAS

SEP - 9 2009

EXAMINER

COVER LETTER

ľ

ŢΟ:	Registration S Division of Co			
SUBJE	CT:	FishMonste	er Productions LLC	•
		Name of Lim	ited Liability Company	
The end	closed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all corresp	condence concerning this matter	r to the following:	
			Dianne Hopp	
			Name of Person	
	FishMonster Productions			
	Firm/Company		-	
			PO Box 2580	
			Address	
			Key West, FL 33045	TASE TO
City/State and Zip Code		SEP SEP		
	dianne@fishmonsterproductions.com E-mail address: (to be used for future annual report notification)			8 F
For furt	her information	concerning this matter, please of	• ,	FILED 2009 SEP -8 MII: 27 SECRETARY OF STATE TALLAHASSEE, FLORIO
	C	Dianne Hopp	at (305) 432-0046	。
	Name	of Person	Area Code & Daytime Telephone N	lumber 79
Enclose	d is a check for t	the following amount:		
\$ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional 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

FishMo	<u>onster Productions L</u>	LC	
(Name of the Limited Lial	ility Company as it now app	ears on our records.)	
lori K)	ida Elimied Elability Company	"	
The Articles of Organization for this Limited Liabili	ty Company were filed on _	September 2, 2009 and assigned	
Florida document number L0900085029	<u>) </u>		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company l	nere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	TALLARS TALLE	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u> <u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Conch Republic Media Grou	524 Eaton St. Key West, FL 33040	Add Remove
<u>MGRM</u>	Keys TV Television and Vic	524 Eaton St. Key West, FL 33040	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			SE Paid
Ţ	nding any other information, enter chang The full name of the new MGMR liste Keys TV Television and Video Produ	N.	-8 MII: 27
 			
 Dated	September 3 , 20	09 .	
		or authorized representative of a member Dianne Hopp or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00