L09000102968

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COVER LETTER

TO: Registration S Division of Co						
	oint Media, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	April Rogers					
		Name of Person				
	Top Logo Products, LLC					
	·	Firm/Company	*************************************			
	P.O. Box 784958					
		Address				
	Winter Garden, FL 34778-	-4958				
		City/State and Zip Code				
	aprilrogers@live.com					
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please co	all;				
April Rogers		800 640-9483 at ()				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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 ARTICLES OF ORGANIZATION OF

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Harvest Point Media, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number __L09000102968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Top Logo Products, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2163 Wintermere Pointe Dr. Enter new principal offices address, if applicable: Winter Garden, FL 34778-4958 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 784958 Enter new mailing address, if applicable: Winter Garden, FL 34778-4958 (Mailing address MAY BE A POST OFFICE BOX) 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: **April Rogers** Name of New Registered Agent: 2163 Wintermere Pointe Dr. New Registered Office Address: Enter Florida street address , Florida <u>34787</u> Winter Garden

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 605, 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.

City

Registered Agent Signature of New Registered Agent
(Changed address)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ms $AMBR = As$	anager uthorized Member		FILED	
<u>Title</u>	Name	Address	2015 DEC 16 PM 5: 10	Type of Action
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cective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable statucument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0207 (
record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
ted <u>December 14</u> , <u>2015</u> . Signature of a mender or authorized repr	
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Signature of a member or authorized repr	resentative of a member
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Filing Fee: \$25.00