

L100000031758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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07/11/13--01009--017 **25.00

2013 JUL 11 AM 8:40
TALLAHASSEE, FLORIDA
STATE

J. SAULSBERRY
EXAMINER
JUL 12 2013

**TO: Registration Section
Division of Corporations**

SUBJECT: Eyesview Media LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Thomas Barile

Name of Person

Eyesview Media LLC

Firm/Company

3447 Astoria Court

Address

Winter Park, FL 32792

City/State and Zip Code

tom@eyesviewmedia.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Barile

Name of Person

407 484-6232

at ()

Area Code & Daytime Telephone Number

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

2013 JUL 11 AM 8:40
RECEIVED
TALLAHASSEE, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

Eyesview Media LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/23/2010 and assigned
Florida document number L10000031758.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3447 Astoria Court
Winter Park, FL 32792

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

3447 Astoria Court
Winter Park, FL 32792

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: _____

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

or Managing Member being added or removed from our records:

MGR = Manager

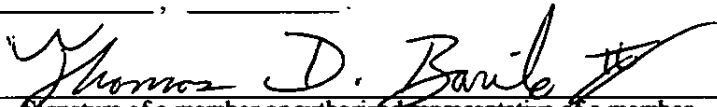
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Thomas Barile	7436 Fieldcrest Ave	<input type="checkbox"/> Add
		Winter Park, FL	<input checked="" type="checkbox"/> Remove
		32792	
MGR	Raymond Klecker	4526 Mars Court	<input type="checkbox"/> Add
		Orlando, FL	<input checked="" type="checkbox"/> Remove
		32839	
MGRM	Thomas Barile	3447 Astoria Court	<input checked="" type="checkbox"/> Add
		Winter Park, FL	<input type="checkbox"/> Remove
		32792	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 JUL 1 11:41 AM
STATE OF FLORIDA
TALLAHASSEE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 1, 2013


Signature of a member or authorized representative of a member

Thomas D. Barile
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA