

L100000066330

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10 JUN 28 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 29 2010

EXAMINER

Howard A. Speigel, P.A.

ATTORNEY AND COUNSELOR AT LAW

1133 Louisiana Avenue
Suite 214
Winter Park, Florida 32789
hspeigel@yahoo.com
(407) 647-5700
FAX (407) 647-8272

June 23, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
10 JUN 28 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF NAME
Subject: Capital Media Ventures, LLC
Document Number : L10000066330

Attached hereto please find **ARTICLES OF AMENDMENT** wherein the name of the LLC is changed.

Please file this Amendment and issue your letter of acknowledgment after filing.

Thanking you in advance for cooperation I remain

Very truly yours,



Howard A. Speigel

enclosures

HAS/bah

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL MEDIA VENTURES, 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:

HOWARD A. SPEIGEL

Name of Person

HOWARD A. SPEIGEL, P.A.

Firm/Company

1133 LOUISIANA AVENUE, STE 214

Address

WINTER PARK, FL 32789

City/State and Zip Code

HSPEIGEL@YAHOO.COM

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

For further information concerning this matter, please call:

HOWARD SPEIGEL

Name of Person

at (407)

647-5700

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

FILED
10 JUN 28 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPITAL MEDIA VENTURES 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 06/22/2010 and assigned
Florida document number L10000066330.

This amendment is submitted to amend the following:

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

CAPITAL MEDIA SOLUTIONS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 6/23, 2010



Signature of a member or authorized representative of a member

DAVID VAN WORMER

Typed or printed name of signee

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10 JUN 28 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA