Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H11000088184 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: KATZ BASKTES LLC Account Name

Account Number : I20080000071

Phone : (561)910-5700

Fax Number : (561)910-5701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Tmas 1	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOMTV.COM LLC

Certificate of Status	0
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Corporate Filing Menu

J. BRYAN Help

APR - 5 2011

EXAMINER

P. 002

H110000881843

## **COVER LETTER**

TO: Registre Division	ation Section of Corporations		
SUBJECT:	Mon	nTV.com LLC	
	Name of Li	nited Liability Company	
The enclosed Arti	oles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all c	orrespondence concerning this mate	er to the following:	
		Thomas O. Katz	~ . · <b>.</b>
		Name of Person	250 7
		Katz Baskies LLC	THE SECRETARY OF STA
	•	Firm/Company	
	2255	Glades Road, Suite 240W	ma is C
	<del></del>	Address	
	F	Boca Raton, FL 33431	A TE
		City/State and Zip Code	<u>.</u>
	thom	as.katz@katzbaskies.com	
		(to be used for future annual report notifice	tion)
For further inform	ation concerning this matter, please	call:	
	Thomas O. Katz	at (561)	10-5700
1	Same of Person	Area Code & Daytime T	elephone Number
Enclosed is a checl	c for the following amount:		
\$25.00 Filing Fee \$\bigcip \\$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_		CTD BPT (CALIDAD)	A DADECC.

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

P. 003

H110000881843

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Mom I V.	com LLC		
(Name of the Limit	od Liability Compa (A Florida Limited)	my as it now appear Liability Company)	s on our records.	
The Articles of Organization for this Limited Florida document number L1000009		were filed on	9/20/2010	and assigned
This amendment is submitted to amend the fo			ć	PR-5 R
A. If amending name, enter the new name				SEN BY
	Pita Holdir			<b>CO</b>
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Compar	y," the designation ".	LLC" or the abbreviati
Enter new principal offices address, if appli	cable:	7809 Galleon Court		
(Principal office address MUST BE A STREET ADDRESS)		Parkland, FL 33067		
Enter new mailing address, if applicable:		7809 Galleon	Court	
Mailing address MAY BE A POST OFFICE	Parkland, FL	33067		
B. If amending the registered agent and registered agent and/or the new registered o			ır records, enter t	he name of the ne
Name of New Registered Agent:	Howard S. Dvorkin 7809 Galleon Court			
New Registered Office Address:				
		Ente	r Florida street add	ress
		Parkland	, Florida	33067
	<del></del>	City		Zip Code
New Devistaned Agent's Signature if changing	Registered Agent			

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 hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H110000881843

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	Howard S. Dvorkin	7809 Galleon Court Parkland El 33067	✓ Add  Remove
MGRM	Robert Sullivan	5773 W. Sunrise Blvd Plantation, FL 33313	☐ Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
A			AddRemove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary	11 API SECRE
Dated			ARY OF STATE ASSEE, FLOR OF
Dated	<i>יע ו</i>	Pauthorized representative of a member	
_		vard S. Dvorkin printed name of signee	

Page 2 of 2

Filing Fee: \$25.00