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	(Address)
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COVER LETTER

	stration Section ion of Corporations	••
SUBJECT:	SKYY JOHNSON MULTIMEDIA L.LC.	
oobsec 1.	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:	
	Skyy Johnson	
	Name of Person	
	SKYY JOHNSON MULTIMEDIA L.LC.	
	Firm/Company	
	116 SW Broadway	
	Address	
	Ocala/FL 34471	
	City/State and Zip Code	
	skyyjohnson@gmail.com E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
	Skyy Johnson at (_352) 789-6177	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a	check for the following amount:	
□ \$25.00 Fil	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &

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

	JOHNSON MULTIMEDIA L			
(Name of the Limited	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited L	Liability Company were filed on	05/10/2011	and assig	gned
Florida document numberL1100005	5217			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liability company here	:		
Sky	yy Johnson Multimedia L.L.C.			
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Compan	y," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	ROY			
Truming quartes MITT DE AT OUT OF THE				
B. If amending the registered agent and	or registered office address on ou	ır records, <u>ente</u>	r the name of	the new
registered agent and/or the new registered o	office address here:			M
Name of New Registered Agent:	Skyy Johnson			Chambriga California
New Registered Office Address:	116 SOUTHWEST BROAD	VAY		n
		r Florida street a	±3.4₹	
	OCALA	, 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>	Address	Type of Action
MGRM	Rox-Ann Finn	116 SOUTHWEST BROADWAY OCALA, FL	Add Remove
MGRM	Skyy Johnson	116 SOUTHWEST BROADWAY OCALA, FL	Add Remove
			Add Remove
			Add Remove
***************************************	 		Add Remove
			Add Remove
	ding any other information, enter char ease update EIN 45-2075318	nge(s) here: (Attach additional sheets, if necessary.)	_
			_
			_
Dated	8/1/2011 ,	·	
	Signature of a memb	per or authorized representative of a member	
	Type Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00