L11000/21544

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SECRETARY OF STATE

D. BRUCE
AUG 1 6 2012
EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	PIVO On	line Media, LLC			
		ted Liability Company	*		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Richard A. Quint			
		Name of Person			
	Pi	VO Online Media, LLC			
		Firm/Company			
		PO Box 1946			
		Address			
	Ori	mond Beach, FI 3217	5		
		City/State and Zip Code			
	ric	ckdivers@yahoo.com to be used for future annual repo	et notification)		
		-	nt nottication)		
For further information	concerning this matter, please of	:all:		12 AUG SECRET ALLAH	
R	tichard Qu i nt	at (386)	760.9616	AUG 15 CRETARY LAHASSI	2
Name	of Person		Daytime Telephone Number		APPROVEL AND FILED
				S 450	ENG-ENG-
Enclosed is a check for	the following amount:			2007. W.I.S. —	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is en		ee, D N	

MAILING ADDRESS:

Registration Section

TO:

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

PIVO ON	<u>NLINE MEDIA, LLC</u>			
(Name of the Limited Liability (A Florida)	Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	10/21/11	and assigned	
Florida document number <u>L11000121544</u>	 ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)		20 -1	τ.
			12 A	
Enter new mailing address, if applicable:			UG 15	<u>د</u> ۲ حر ات
(Mailing address MAY BE A POST OFFICE BOX)			10 m	783
			- S - S - S - S - S - S - S - S - S - S	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on c ress here:	our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street add	dress	
	C:+	, Florida	7:- 0-1	
	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** Mark Tiarra MGRN 96 Cadmus Ave Remove Elmwood Park 07407 Mark Figula MGRN 96 Cadmus Ave **✓** Add Remove Elmwood Park, 07407 ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Delete current EIN: 27-0413271 Correct EIN: 32-0357358 August 10 2012 Dated_ Signature of a member or authorized representative of a member Richard A. Quint Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00