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(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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EXAMINER



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TALL AHASSEE, FLORID

C. LEWIS

DEC 2 0 2011

EXAMINER

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COVER LETTER

SUBJECT:	Me	ediaBreed			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Michael Persoon				
		Name of Person			
	MediaBreed				
	Firm/Company				
	3761 Heather Dr. W.				
	Address				
	Greenacres, FL 33463				
	City/State and Zip Code				
	Mpersoon7@gmail.com				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information	concerning this matter, please of	call:			
Mic	chael Persoon	at (_561_)	308-0432		
Name e	of Person	Area Code & Daytime	e Telephone Number		
Enclosed is a check for t	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:

TO:

Registration Section
Division of Corporations

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

MediaBreed				
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	npany)			
The Articles of Organization for this Limited Liability Company were filed	on 12[13[2011	and assigned		
Florida document number 111-147113.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	any here:			
Vide Bot Media, LLC				
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation '	'LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		> c		
Enter new mailing address, if applicable:		ASSET -3		
(Mailing address MAY BE A POST OFFICE BOX)				
		2 3 9 9 9 9 9 9 9 9 9 9		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter	7.5		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addres.			
	, 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 **Type of Action** Title <u>Address</u> Name ☐ Add ☐ Remove ☐ Add Remove Add ☐ Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Michael Persoon Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00