(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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J. HARRIS

COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation)			
SUBJECT: MED	IA FUSION GROUP, LLO		
		ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	MARK EMMETT		
		Name of Person	
	MEDIA FUSION (GROUP, LLC	
		Firm/Company	
	9900 W. SAMPL	E ROAD	
		Address	
	CORAL SPRING	SS, FL 33065	
		City/State and Zip Code	
	MARKM@PTVS	ERIES.COM o be used for future annual report notific	
	_	•	auonj
For further information cor	ncerning this matter, please ca	ill:	
MARK EMMETT		at (_561)826-068	36, X305
Name of I	Person	Area Code Daytime	36, X305 Telephone Number
Parkered to a short Contra	6.11		
Enclosed is a check for the	•		
\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ME	DIA FUSION GROUP, LLC		
	(Name of the Limited Liability Compa (A Florida Limited I	ny as it now annears on our records.) lability Company)	
The Articles of Organization	for this Limited Liability Company	were filed on JANUARY 30, 2013	and assigned
Florida document number	L13000015159		
This amendment is submitted	d to amend the following:		
A. If amending name, ente	r the new name of the limited liab	ility company here:	
FUSION FILMS, LLC			
The new name must be distinguish	hable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices	address, if applicable:		
(Principal office address M	UST BE A STREET ADDRESS)		
			3
			$\omega_{\rm GX}$
Enter new mailing address	. if applicable:		3 2 2
(Mailing address MAY BE			
munting united that Day	ATOST OTTICE BON		12 mg
	stered agent and/or registered o e new registered office address her	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new
Name of New Rea	ristered Agent:		
New Registered O	ffice Address:	Enter Florida street address	
			Zip Code
New Registered Agent's Sign	nature, if changing Registered Agent	1	
provisions of all statutes r accept the obligations of r being filed to merely refle	elative to the proper and complete ny position as registered agent as	ree to act in this capacity. I further ag performance of my duties, and I am provided for in Chapter 605, F.S. Or, and address, I hereby confirm that the li	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records;

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Change B Cha
			☐ Remove A
			□ Change
		-	□ Remove
		-	Change

Page 3 of 3

Filing Fee: \$25.00