# 

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               |             |
| (Address)                               |             |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT MAI                        | L           |
| (Business Entity Name)                  | <u>_</u> .  |
| (Document Number)                       |             |
| Certified Copies Certificates of Status | <del></del> |
| Special Instructions to Filing Officer: |             |
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05/27/14--01034--018 \*\*25.00



### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Change the World Media, LLC

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:

Jill DiSalvo

Name of Person

DiSalvo & Associates, PA

Firm/Company

1760 N. Jog Road, Suite 150

Address

West Palm Beach, FL 33411

City/State and Zip Code

jdisalvo@d-acpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill DiSalvo

at (561) Area Code Daytime Telepho

Name of Person

Enclosed is a check for 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassce, 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

| Change the World Media, LLC   |   |   |
|---|---|---|
| (Name of the Limited Liability Con<br>(A Florida Limite   | npany as it now appears on our records.)<br>ed Liability Company) |   |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number L13000058684             |   | and assigned                              |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limited li   | ability company here:   |   |
| The new name must be distinguishable and end with the words "Limited L  | .iability Company," the designation "LLC" or                      | the abbreviation "L.L.C."                 |
| Enter new principal offices address, if applicable:   | N/A   |   |
| (Principal office address MUST BE A STREET ADDRESS)   |   |   |
|   |   |   |
| Enter new mailing address, if applicable:   | N/A   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | · · · · · · · · · · · · · · · · · · ·     |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h |   | ter the name of the no                    |
| Name of New Registered Agent:   |   | 7 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| New Registered Office Address:  | Enter Florida street address                                      | 7/2                                       |
|   | , Florida   |   |
| New Registered Agent's Signature, if changing Registered Age  | City  | Zip Cody                                  |
|   | <del>_</del>  | PM ω<br>>                                 |

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 605, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = Man<br>AMBR = Auti | ager<br>norized Member |            |                    |
|--------------------------|------------------------|------------|--------------------|
| <u>Title</u>             | Name                   | Address    | Type of Action     |
| MGR                      | Philip Schrantz        |            | _□ Add             |
|                          |                        |            | _ <b>■</b> Remove  |
|                          |                        |            | <br>_□ Add         |
|                          |                        |            | □ Remove           |
|                          |                        |            | _<br>_□ Add        |
|                          |                        |            | _□ Remove          |
|                          |                        |            | □ Add              |
|                          |                        |            | Remove             |
|                          |                        | (2)<br>(3) | 27                 |
|                          |                        |            | _□ Add<br>□ Remove |
|                          |                        |            |                    |

| N/A  |   |
|--|---|
|  |   |
|  |   |
|  |   |
| effective date must be specific, cannot be prior to  | date of receipt or filed date and cannot be more than 90 days after |
| ective date, if other than the date of file effective date must be specific, cannot be prior to a date this document is filed by the Florida Department May 22 | date of receipt or filed date and cannot be more than 90 days after |
| effective date must be specific, cannot be prior to date this document is filed by the Florida Department May 22   | date of receipt or filed date and cannot be more than 90 days after |

Page 3 of 3

Filing Fee: \$25.00

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