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| (Re | questor's Name) | <u>. </u> |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: International Media Partners, LCC Name of Limited Liability Company |
| |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Places we have all assessment and assessment with a state of the state |
| Please return all correspondence concerning this matter to the following: |
| |
| Carole Miers |
| Carole Wers Name of Person |
| |
| International Media Partners, LLC |
| Firm/Company |
| 4581 Weston Rd. 165 |
| Address |
| Addition |
| Weston FL 33331 Zos Zos City/State and Zip Code IMPartnership @ amail. com Hors B E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code IMPartnership @ G. Mail. Com Horston E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| T T |
| Name of Person at (954) 323-7830 SE ST Area Code Daytime Telephone Number S |
| Name of Person Area Code Daytime Telephone Number |
| |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, |
| Certificate of Status Certified Copy Certificate of Status & |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| |

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

| International (Name of the Limited | Medical Liability Company Florida Limited Lial | as it now appears on our r | ccords.) | |
|---|--|------------------------------|---|--------------------|
| The Articles of Organization for this Limited Liab | oility Company we | | | and assigned |
| This amendment is submitted to amend the follow | ing: | | | |
| A. If amending name, enter the new name of the | ne limited liabilit | y company here: | | |
| same | | | | |
| The new name must be distinguishable and contain the word | ds "Limited Liability | Company," the designation | "LLC" or the abbrevia | tion "L.L.C." |
| Enter new principal offices address, if applicab | le: | same | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or | - | Same ce address on our re | SECRE ANY OF STATE ALLAHASSEE, FLORIDATE the cords, | |
| registered agent and/or the new registered offic | e address here: | | , | |
| Name of New Registered Agent: | <u>Carole</u> | Myers | | |
| New Registered Office Address: | 4581 V | veston Rd | 165 | |
| | Weston | Enter Florida street of | _, Florida <u>333</u> _z _i | 331-314) o 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---|----------------|
| MGRIM | World Media Partners | 4581 Weston Rd #165 Weston, FL 33331 | Add |
| | LLC | Weston, FL 33731 | IF Remove |
| | | | Change |
| | | | 🗖 Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | TALLA. | Remove |
| | | Here | <u>,</u> |
| | | ECRETARY OF STATE LLAHASSEE, PLORIDA | Remove |
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| | | | □ Remove |
| | | | □ Change |

| | There are two changes in amendment: |
|--|---|
| | ament. |
| | 1. Change of Registered Agent |
| | 2. Removal of MGRM World Media Papitners, LLC |
| | World Media Paritners, LLC |
| | |
| | |
| | 2015 SEC TALL |
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| | r than the date of filing: (optional) |
| Adjactive data is listed. | the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to do in this block does not meet the applicable statutory filing requirements, this date will not be to on the Department of State's records. |
| e: If the date inserte | te on the Department of State's records. |
| te: If the date inserte | |
| te: If the date inserte tument's effective date the transfer of the transfer o | a delayed effective date, but not an effective time, at 12:01 a.m. on the ea |
| te: If the date inserte cument's effective date in the | r the record is filed. |
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Filing Fee: \$25.00