## LIH 0000 12073

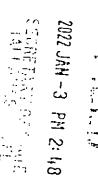
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Norma Chank

D CUSHING

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations					
CHERCE.	Online Vide	o Solutions LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		Brian Cox				
		Name of Person	<u></u>	-		
	Onlin	e Video Solutions LL	C			
	<del> </del>	Firm/Company		_		
	2:	262 Edythe Drive				
	_					
	D	unedin, FL 34698		35 35	1 2022 J	
		City/State and Zip Code			A T	4.4
		njamescox@yahoo.c			JAN -3	
		to be used for future annual report notif	cation)			j
For further information co	oncerning this matter, please c	all:		in the second		ĵ
Brian Co	x	at ( 903 ) 978-07	02	Tri c	<del>:-</del> ::-	
Name o	f Person	Area Code Daytime	Telephone Number	er		
Enclosed is a check for the	ne following amount:					
<b>☎ \$25.00</b> Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certitie	ate of Statu		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Online	Video Solu	tions LL	色美艺
(Name of the Limite	d Liability Company as it now appear. A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia	shility Company were filed on	01/22/2014	and accounted
Florida document numberL14000012073	• • •		and assigned to
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
Online Sol	utions LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	·	
(Principal office address MUST BE A STREE)	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		· · · · · · · · · · · · · · · · · · ·
	<del> </del>		
B. If amending the registered agent and/or reagent and/or the new registered office addres		cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
	City	<del></del>	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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effective date is te: If the date	listed, the date r inserted in this	he date of fili nust be specific a block does no Department o	ind cannot be timeet the a	e prior to date o applicable stat	filing or more	than 90 days aft	er filing.) Pursi	uant to 605.020 not be listed a
	a delayed effec	etive date, but n	iot an effec	tive time, at 1	2:01 a.m. on t	he earlier of: (	(b) The 90th	i day after the
•								
s filed.		January 1						
s filed.		January 1						

Filing Fee: \$25.00