## L14000051651

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Doc	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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10/13/20--01020--010 \*\*25.00

11/17/20

FILED 2020 OCT 13 PH 4: 33



Fashion One Television LLC 610 Warren Street, Unit 4C Brooklyn NY 11217

212-796-4300 Phone 212-656-1828 Fax

Leni Ambayan Ieni@corp.bigfoot.com

Fashion One Television U.C. I. 610 Warren Street Unit 4C. I. Brooklyn NY 11217

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314

October 14, 2020

RE: Change of Registered Agent

To Whom It May Concern:

Enclosed herewith are the duly signed form for change of registered agent address and mailing address for the file number L14000051651 and check number 0189 for payment amounting to \$25.00

Should you have any question, please feel free to send an email to leni@corp.bigfoot.com

Thank you,

Fashion One Television LLC

## **COVER LETTER**

TO:		istration Se sion of Cor			
			e Television LLC		
SUBJEC	CT:		Name of Lim	ited Liability Company	
The encl	losed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			Michael Gleissner		
				Name of Person	
			Fashion One Television LI	I.C	
				Firm/Company	
			1601 Harrison Street		
				Address	<del></del>
			Hollywood FL 33020		
			filing-US-FL@moas.com	City/State and Zip Code	
			E-mail address: ()	to be used for future annual report	notification)
For furth	ier in	formation co	oncerning this matter, please ca	all:	
Michael	l Gle	issner		212 796-430	0
		Name of	f Person	Area Code Da	ytime Telephone Number
Enclosed	d is a	check for th	e following amount:		
<b>=</b> \$25.	00 F	iling 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 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**

3

FASHIO	A ONE LETEARS	ION LLC		· · · · · · · · · · · · · · · · · · ·
(Name of the Limit	ed Liability Compa (A Florida Limited)	inv as it now appea Liability Company)	ars on our records.)	T C T
The Articles of Organization for this Limited Li Florida document number L14000051651  This amendment is submitted to amend the follo	ability Company			FILED 4: 33
A. If amending name, enter the new name of	~	ility company h	<u>iere</u> :	: ω
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applica	able:	1601 Harrison	Street	
(Principal office address MUST BE A STREE		Hollywood FL	. 33020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Hollywood FL		
B. If amending the registered agent and/oregistered agent and/or the new registered of  Name of New Registered Agent:		<u>e</u> :	n our records, <u>enter</u>	the name of the nev
	1601 Harrison	Street		
New Registered Office Address:			orida street address	
	Hollywood FL		, Florida <sup>330</sup>	)20
		City	, r which	Zip Code
New Registered Agent's Signature, if changing R	egistered 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

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>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		<u> </u>	Company Compan
			Remove
	·		Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change

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	3. F. 33
	် ပိ
(If an et <u>Note:</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	J October 14, 2030
	Signature of a member or huthorized representative of a member
	MICHAEL GLEISSNER

D. 1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00