

#L 14000056776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

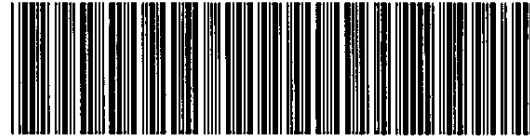
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTION TO DOC PER  
CONVERSATION WITH CARL ROSEN  
8/26/2014 KS

Office Use Only



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08/25/14--01008--020 \*\*25.00

FILED  
2014 AUG 25 AM 11:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
AUG 26 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Perversion Media

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:

Carl Rosen

Name of Person

Perversion Media

Firm/Company

1209 Penman Road

Address

Jacksonville Beach FL, 32250

City/State and Zip Code

Carlmax92@gmail.com

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

For further information concerning this matter, please call:

Carl Rosen

Name of Person

at 561 603-4913

Area Code

Daytime Telephone Number

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  
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**

Perversion Media LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/08/2014 and assigned  
Florida document number L14000056776.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1209 Penman Rd.  
Jacksonville Beach, FL 32250

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jacob Harn	810 9th Ave. N.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE Bch, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Percentage of ownership between Managing Members is now: Carl Rosen, 34%; Shane Jezowski, 33%; Jacob Ham, 33%

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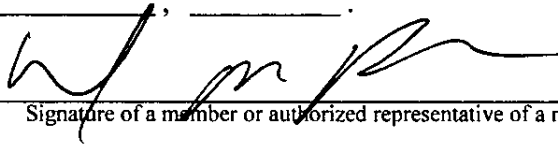
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 08/08/2014



Signature of a member or authorized representative of a member

Carl Rosen

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

**FILED**  
**2014 AUG 25 AM 11:49**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**