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COVER LETTER

	Registration Sec Division of Corp			•
emp inc	ore.	MR. J'S MEDIA PR	ODUCTIONS LLC	
SUBJEC	.l:	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		JEMAL HAYES		
		•	Name of Person	•
		MR J'S MEDIA PRODUC	TIONS LLC	
			Firm/Company	
		755 17TH AVE		
			Address	
		VERO BEACH, FL 32962	2	
			City/State and Zip Code	
		tammy@altaxfl.com		
			to be used for future annual report not	ilication)
For furth	er information co	ncerning this matter, please co	all:	
JEMAL	HAYES		772 245-0882	
	Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed	l is a check for the	e following amount:		
\$25.0	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

MR. J'S MEDIA PRODUCTIONS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/02/2015 and assigned Florida document number L15000000300 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida ____ 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

If Changing Registered Agent, Signature of New Registered Agent

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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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager .
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	JEMAL HAYES	755 17TH AVE	_ ■ Add
		VERO BEACH, FL 32962	☐ Remove
			□ Change
MGR	SIMMONE HAYES	755 17TH AVE	□ Add
		VERO BEACH, FL 32962	<u></u> ■ Remove
			□ Change
			Add
			□ Remove
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an effective ote: If the	ate, if other than the dat date is listed, the date must be e date inserted in this block effective date on the Depar	specific and cannot be prior to date of filing or mo does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a
	specifies a delayed ef h day after the record	fective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier o
ited	JUNE 30	2015	
	amo	pa	22
_	Sign	nature of a member or authorized representative of	of a member
	1	JEMAL HAYES	Constant process
		Typed or printed name of signee	
			2: 2: ORID

Filing Fee: \$25.00