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## COVER LETTER

TO:	Registration Section  Division of Corporation	ons	<del>t</del> i	
SUBJ:		OMGTV N	ledia LLC	
		Name of Lim	ited Liability Company	
The er	nclosed Articles of Amend	lment and fee(s) are sub	mitted for filing.	
Please	return all correspondence	concerning this matter	to the following:	
		ERIC	TURNER Name of Barrow	
	<del></del>		Name of Person	
			Firm/Company	
		1883	Garfield Ave. NW Address	
			Address	
		Grand	Rapids, MI 4950 City/State and Zip Code	4
		seven -	City/State and Zip Code	
			rner@gmail.com	
		E-mail address: (1	to be used for future annual report notific	cation)
For fu	rther information concerni	ing this matter, please ca	all:	
	ERIC TUR	?NER	at (470 ) 261 - Area Code Daytime	9380
	Name of Person	ı	Area Code Daytime	Felephone Number
Enclos	sed is a check for the follo	wing amount:		
\$2	5.00 Filing Fee	330.00 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

OMGTV M	edia L	LC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea pility Company)	rs on our records	<u>)</u>	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on _	March 30	, 2015	and assigned
This amendment is submitted to amend the following:		- 11- 11-	. 4	()
A. If amending name, <u>enter the new name of the limited liabili</u>	y company h	ere:	her is o	ne word)
BossHatche	L	.C		
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC"	or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	1883	s barfield Rapids	Ave	NW
(Principal office address MUST BE A STREET ADDRESS)	Grav	is Rapids	MI	49504
Enter new mailing address, if applicable:	1883	Garfield	Ave	NW 49504
(Mailing address MAY BE A POST OFFICE BOX)	Gran	& Rapids	MI	49504
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	rida street address		
		Flo	rida	
<del></del>	City	, 1 10		Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of ovided for in (	f my duties, and Chapter 605, F	I I am fam S. Or, if the limit CRETAR	niliar with and this document is ed liability
If Changi	ng Registered A	gent, <u>Signature</u> of	New Regis	
			FL00	
Page 1 o	f 3		84 V	-

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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<u></u>	☐ Remove
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	late, if other than the date	of filing:	ste of filing or more than 90 statutory filing requirem	(optional) days after filing.) Pursents, this date will	suant to 605 not be liste
If th	e date is listed, the date must be speed date inserted in this block dos effective date on the Department				
If the nent's	e date inserted in this block do s effective date on the Departr specifies a delayed effe th day after the record i	ment of State's records.  ective date, but not arise filed.	ı effective time, at 1	12:01 a.m. on t	he earlie
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