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| Certified Copies        | _ Certificates     | of Status       |
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| Special Instructions to | Filing Officer:    |                 |
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SECRETARY OF STATE
ATTEMPS SEE STORM

NO 19 2015 J. HARRIS

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |   |
|--|--|---|---|
| Vigalante E SUBJECT:                   | intertainment Network, LLC                   |   |   |
| SUBJECT:                               | Name of Limi                                 | ited Liability Company  | 4. 44864-799-4-789  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter                | to the following:   |   |
|  | Richard S. Alvarez                           |   |   |
|  |  | Name of Person  |   |
|  | Vigalante Entertainment N                    | letwork, LLC  |   |
|  | <del></del>                                  | Firm/Company  |   |
|  | 3321 Talisman Dr                             |   |   |
|  |  | Address   | H-1-1-1-  |
|  | Middleburg, FL 32068                         |   |   |
|  |  | City/State and Zip Code   |   |
|  | info@mackadenice.com                         |   |   |
|  | E-mail address: (                            | to be used for future annual report notifi                          | cation)   |
| For further information co             | oncerning this matter, please ca             | all:  |   |
| Richard Alvarez                        |  | 904 460-3993<br>at ()   |   |
| Name o                                 | f Person                                     | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for the            | ne following amoun:                          |   |   |
| \$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,<br>Certificate of Status &<br>Certified Copy<br>(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



July 30, 2015

RICHARD S ALVAREZ 3321 TALISMAN DR MIDDLEBURG, FL 32068

SUBJECT: VIGALANTE ENTERTAINMENT NETWORK, LLC

Ref. Number: L15000065098

We have received your document for VIGALANTE ENTERTAINMENT NETWORK, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 615A00016064

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENTERTAINMENT Vigalante netertainment Network, 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 March 24, 2015 and assigned Florida document number L15000065098 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 "LLC." 3321 Talisman dr Enter new principal offices address, if applicable: Middleburg, FL 32068 (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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 |
|--------------|---------------|--|----------------|
| AMBR         | Dana R. Veney | 214 River Inlet rd                               | □ Add          |
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| fective date, if other than the dat   | te of filing:                  |  | (optional)   |
| n effective date is listed, the date must be be: If the date inserted in this block | specific and cannot be prior t | o date of filing or more than 90 ble statutory filing requirer | days after filing.) Pursuant to 605.020  |
| cument's effective date on the Depar  | rtment of State's records.     | or success, mine requirem                                      | iono, una cute vini not de nateu   |
| •   |                                |  |  |
| record specifies a delayed ef   | fective date, but not          | an effective time, at  | 12:01 a.m. on the earlier of   |
| The 90th day after the record   | l is filed.                    |  |  |
| July 17   | 2015                           |  |  |
| ited  | ,                              | <u> </u>   | 2 <del>-</del> (0) →   |
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Filing Fee: \$25.00