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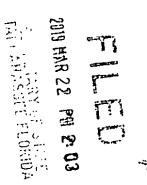
(Requestor's Name)
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COVER LETTER

	Registration Sc Division of Cor						
SUBJEC	TV Diversi	fied, LLC.					
SUBJEC		Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub indence concerning this matter	-				
		Daniel Cathell					
			Name of Person				
	Address West Palm Beach, FL 33407						
	2019 HAR	-					
	pierreluc.chicoine@midascompanies.com E-mail address: (to be used for future annual report notification)						
For furthe	r information c	oncerning this matter, please of	•	cation)		gra.	
Pierre-Lu	c Chicoine		301 474-4888		S 124 E 1 054 B	Ĺ,	
	Name o	f Person		Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status					
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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TV Diversified, LLC.		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records nited Liability Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 04/13/2015	and assigned
Florida document number L15000074457		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Midas SouthEast, LLC.		
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 ADDRES	<u></u>	22
		(<u></u> (<u></u>) 1
		7) 70 mm
Enter new mailing address, if applicable:		55.
(Mailing address MAY BE A POST OFFICE BOX)		- T
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B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

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.

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 **Type of Action** Title Name | <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Remove _□ Change _□ Add □ Remove _ Change _□ Add ☐ Remove ☐ Change

											
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Filing Fee: \$25.00