# LISCOOTASIO

(Req	uestor's Name)		
(Addi	ress)		
(Add	ress)		
(City/	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nar	me)	
(Doc	ument Number)		
Certified Copies Certificates of Status			
Special Instructions to Fi	iling Officer:		

Office Use Only



100279514731

12/04/15--01012--007 \*\*25.00

SECRETARY OF STATE

DEC 07 2015 BRUCE

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Servo Modia Productions LLC	_	
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:		
Leo Cuomo  Name of Person  Servo Media, Productions UCC		
Name of Person	_	
Servo Media Productions LLC		
Firm/Company	<del></del>	
1500 \$ist ct		
	_	
Vero Beach Fl, 32966		
City/State and Zip Code	_	
E-mail address: (to be used for future annual report notification)	- # ~	
For further information concerning this matter, please call:	7117 2025 2015	**************************************
	230 DEC	5-
Name of Person at (772) 766-2377  Area Code Daytime Telephone Numb	ber Elli	
Name of Person Area Code Daytime Telephone Numb	per MO	11
	A 10: 0u	•
Enclosed is a check for the following amount:	로 문	
Certificate of Status Certified Copy Certificational copy is enclosed)  Certificate of Status Certified Copy (additional copy is enclosed)	Filing Fee. icate of Status & ed Copy nat 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

Sevo Medic Productions (Name of the Limited Liability Company as it now appe	
The Articles of Organization for this Limited Liability Company were filed on Victorida document number 15000 76810.	4/20/19 and assigned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  4/30/15  and assigned orida document number  150000 768/10  All amending name, enter the new name of the limited liability company here:  It amending name, enter the new name of the limited liability company here:  In a mending name, enter the new name of the limited liability company." the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  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:	
A. If amending name, enter the new name of the limited liability company l	<u>nere</u> :
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:	Zo 2
(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 of registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter F	orida street address
City	, Florida 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

	Authorized Person(s) authorized to man	nage, enter the title, name, and address of each	person being added
	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leo Cuomo	1500 315+ CT Vero Back F1,32966	<b>[Z</b> ] Add
		Vero Bach 61,32966	□ Remove
			Change
MGR	Dan Hon Bussenius	4200 Hermitage Ct Munchester, MD, 21102	Add
		Munchester, MD, 21102	Remove
			Change
			□ Remove
			Change
		79	🗅 Add
		AASE AASE AASE AASE AASE AASE AASE AASE	Remove
		AARY C	1 Change
		33.00	Ď⊓ ∧dd Ō
			☐ Remove

\_□ Change

								_
			·					
				<del> </del>				_
				<u> </u>				
<del>- ,,</del> - , - , - , - , - , - , - , - , -							-	_
								<del></del>
<del></del>			<del></del>				<u> </u>	_
<u> </u>								
						<del></del>		
							<u> </u>	
						F.93	2015	amgen
<u>., </u>						<b>3</b> 2	33	
<u></u>			·			70 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		<del></del> -	<del></del>				<del></del>	<b>-</b> 5
						STATE OF THE A	٦0 D	_
							ᆮ	•
(If an effective dat Note: If the dat	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Department.	e specific and common does not m	cannot be prior cet the applic	able statutory	or more than 90 filing requiren	<b>(optional)</b> days after filing.) Prents, this date wi	ursuant to II not be	605.0207 listed as
the record sp ) The 90th o	pecifies a delayed e day after the record	effective d d is filed.	ate, but no	ot an effecti	ve time, at	12:01 a.m. or	the ea	arlier of:
	215+		2013	<u>.                                    </u>				
Dated	A OT	·						
Dated	Ja Ja	es Cu	40		tative of a memb			_

Page 3 of 3

Filing Fee: \$25.00