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Office Use Only



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COVER LETTER

ТО		istration Sec ision of Corp			
CIO	o iezer.	Interphaze M	Media Holdings LLC		
SUI	вјест:		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The	enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	ise return	all correspoi	ndence concerning this matter	to the following:	
			Reginald Smith ,		
				Name of Person	
			Interphaze Media Holdings	s LLC	
				Firm/Company	
			1936 Bruce B Downs Blvd	1 = 202	
				Address	
			Wesley Chapel Fl 33544		
				City/State and Zip Code	
			drray7290@yahoo.com		
For	further in	formation co	r:-mail address: (i	to be used for future annual report noti all:	fication)
Ray	mond Jo	nes		813 525.1171 at ()	
		Name of	Person	Area Code Daytim	e Telephone Number
Enc	losed is a	check for th	e following amount:		
	\$25.00 F	iling Fee	□ \$30.00 Fiting 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

Interphaze Media Holdings LLC			
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L15000198681	Company were filed on	11/24/2015	and assigned
Florida document number	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li			A3 SEP
The new name must be distinguishable and contain the words "I	limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD.	DRESS)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			
		*	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	0	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		. Florida	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Reginald Smith	1936 BruceBDownsWesleyChapel T-L ₁ 3	3544 ■ Add
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			Change
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fan effectiv Note: If th	: date is listed, e date inserte	the date must bed in this bloc	re specific an k does not	id cannot be meet the a	prior to date onlicable s	of filing or m	nore than 90	days after fil ents this d	ing.) Pursuant ate will not b	to 605.0207
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Typed or printed name of signee

Filing Fee: \$25.00