## 1160000 43488

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cir	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	. MAIL		
(Ви	ısiness Entity Nai	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			
		:		
<u> </u>				

Office Use Only



000283588440

03/21/16--01017--024 \*\*25.00

16 MAR 21 PH I2: 11
SECRETARY OF STATE
ANALYSISE FLORIDA

MAR 2 3 2016 J. HARRIS

## **COVER LETTER**

	Registration Sect Division of Corpe			
SUBJEC	т:(	Trystal (Name of Limi	SiFts LLC	۱ <u>ر</u>
The enclo	esed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please ret	urn all correspond	lence concerning this matter	to the following:	
		Ste	1e Friedm Name of Person	an
		Direct	t Video Ente	rtainment
		Lele15 P	Doynton Beac	hBlud#217
		Boynto	on Beach, Fl City/State and Zip Code	L 33437
		Steve O	DCC TV, CD M	cation)
For furthe	er information cor	cerning this matter, please ca	all:	
	Paula Name of I	Adderto	at (56) 404- Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	0 Filing Fee	□ \$30.00 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

Crystal (Name of the Limited)	Gifts Liability Company as if Florida Limited Liability	now appears on our Company)	r records.)	<del></del>	_	٠
The Articles of Organization for this Limited Liab Florida document number L 1600004	ility Company were:	filed on 32	2016	and a	assigne	:d
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liability co	ompany here:				
The new name must be distinguishable and contain the word	s "Limited Liability Con	npany," the designation	on "LLC" or the abl	reviation '	"L.L.C.	,
Enter new principal offices address, if applicable	le:	······································				
(Principal office address MUST BE A STREET	<u>4DDRESS)</u>			IS S	क्र	
				<u></u>	H	11 1 11 1
				是是	22	الكاوال ورم الكسوال
Enter new mailing address, if applicable:						, and there's
(Mailing address MAY BE A POST OFFICE BO	)X)			71	Ĭ	2 2 g
	<u> </u>			유지	<u> </u>	
	<del></del>			576		
B. If amending the registered agent and/or registered agent and/or the new registered offic		ddress on our i	records, enter	> the nam	<u>ie of t</u>	he new
Name of New Registered Agent:						
New Registered Office Address:				·-·		
		Enter Florida stree	et address			
			, Florida			
		ity		Zip Coo	de	
New Registered Agent's Signature, if changing Reg	istered 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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Direct Violeo Entertainment	Lob 15 Boynton Beach, FL	Blyd 211
	Critatal Timen	Bounton Beach, FL 33437	□ Remove
			☐ Change
MGR	SteveFriedman		□ Add
			Remove
			☐ Change
			□ Add
		· - · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			Add
		····	Remove
			☐ Change
- <del>2 - Albit - Inc</del>			AHA SON REMOVE
		-	
<del> </del>	<del></del>		
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessor	ary.)	
,			
,			
,		<del></del>	
,			
		· · · · · · · · · · · · · · · · · · ·	
(If an ei <u>Note:</u>	five date, if other than the date of filing:  Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this danent's effective date on the Department of State's records.	ng.) Pursuant to 605	i.0207 (3)(b ed as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.me 90th day after the record is filed.	n. on the earli	er of:
Dated	March 15, 2016.  Qual Oldeton  Signature of a member or authorized representative of a member	<del></del> _	
	Paula T Adderton AR Typed or printed name of signee	6 MAR 21 ECRETURY L LLAHASSEL	1 Care
	Page 3 of 3	PH 12:	O
	Filing Fee: \$25.00	ATE	