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5. PRATHER

COVER LETTER

FO: Registration of	on Section f Corporations	
\/4	lughn Psychology LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	Matthew Vaughn Name of Person	
	Name of Person	
	Finn/Company	
	235 Via D Este, Apt 1612 Address	
	Delray Beach, FL 33445 City/State and Zip Code	
	mathew y augh n 1 egmail, com E-mail address: (to be used for future annual report notification)	
For further information	ntion concerning this matter, please call:	
Matthew	Vaugho at (703) 431-8715 Name of Person Area Code Daytime Telephone Number	
N	Name of Person Area Code Daytine Telephone Number	
Enclosed is a check	k for the following amount:	
\$25.00 Filing F	Fee \$\sum \$30.00 \text{ Filing Fee & } \sum \$55.00 \text{ Filing Fee & } \sum \$60.00 \text{ Filing Fee.} \\ \text{Certificate of Status} \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{Certified Copy} \\ \text{(additional copy is enclosed)}	tus &

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICL	ES OF O. OI	RGANIZATION E	2022 351-
Vaughn Psychol Mame of the Limited Lia (A Flo	Jgy L abhius Compan orida Limited Li	y as it now appears on our records.) ability Company)	RILED
The Articles of Organization for this Limited Liabilit	ty Company v	vere filed on <u>8/22/2016</u>	and assigned
Florida document number <u>L16000162045</u>	·		9 A G
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liabil	lity company here:	
MKV Productions, LLC			
The new name must be distinguishable and contain the words			breviation "L.L.C.
Enter new principal offices address, if applicable:		235 Via D Este	
(Principal office address MUST BE A STREET AL	<u>)DRESS)</u>	Delray Beach, FL 3344	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	235 Via D Este Apt 1612 Delray Beach, EL 334	45
B. If amending the registered agent and/or registagent and/or the new registered office address here		ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:			
New Registered Office Address: 2	35 Via	D ESTE, Apt 1612 Enter Florida street address	
	ielray B	each Florida 3	3445 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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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Note	tive date, if other than the date of filing:	.) Pursuant to	605.0207 (3) listed as the
Note docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date	will not be	listed as the
Note docu f the re b) Th	If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records. Scord specifies a delayed effective date, but not an effective time, at 12:01 a.m. as 90th day after the record is filed.	will not be	listed as the
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