

L16000226603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEC 19 2016 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

DEC 21 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH Vision ENTERTAINMENT LLC
Name of Limited Liability Company

SUPPOSE TO BE - SOUND Vision ENTERTAINMENT LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane Alexander

Name of Person

—
Firm/Company

74 WESTFIELD LANE

Address

PAUM LOAST, FL 32164

City/State and Zip Code

FLAGERTAXSERVICE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB Newsham

Name of Person

at (386) 793-7156

Area Code

Daytime Telephone Number

Reg Rep

Enclosed is a check for the following amount:

☒ \$25.00 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)

FlaglerTaxService.com
PO Box 1574
604-3 E. Moody Blvd
Bunnell, FL 32110

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

South Vision Entertainment LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/16 and assigned
Florida document number 216000226603

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOUND VISION ENTERTAINMENT 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DEC 19 11:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

B. 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:

New Registered Office Address:

Enter Florida 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

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>	<u>Type of Action</u>
/	/		☐ Add
			☐ Remove
			☐ Change
/	/		☐ Add
			☐ Remove
			☐ Change
/	/		☐ Add
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			☐ Remove
			☐ Change

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

12/16/16

Signature of a member or authorized representative of a member

Bob Newhouse

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W

THE