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5) AISION OF COMPRESSIONS

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COVER LETTER

TO:	Registration of	on Section f Corporations	
SUBJE		Media Entertainment Produc	li tion. LLC
SUBJE	.C1:	Name	of Limited Liability Company
The end	losed Article	es of Amendment and fee(s) a	ne submitted for filing.
Please return all correspondence concerning this n		respondence concerning this	 matter to the following:
		Joan R. Soderberg	
		-	Name of Person
		Volk Law Offices, F	·\a.
			Firm/Company
		1901 S. Harbor City	 Blvd., Suite 700
			Address
		Melbourne, Florida	 32901
			City/State and Zip Code
		itsbuca@gmail.com	
		E-mail ad	dess: (to be used for future annual report notification)
For furt	her informat	ion concerning this matter, pl	 ease call:
Joan R. Soderberg			321 726-8338 at ()
	Ni	ame of Person	Area Code Daytime Telephone Number
Enclose	d is a check	for the following amount:	
□ \$25	,00 Filing Fe	ee S30.00 Filing Fee Certificate of Sta	
	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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

SOCIAL MEDIA ENTERTAINMENT PRODUCTION, LLC

(Name of the Limited Liability Compa	ny a <u>s it now appears on our records.</u>) Liabihty Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000152581	were filed on July 17, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4117 Meander Place, #202
(Principal office address MUST BE A STREET ADDRESS)	Rockledge, Florida 32955
Enter new mailing address, if applicable:	Rockledge, Florida 32955 4117 Meander Place, #202 Rockledge, Florida 32955
(Mailing address MAY BE A POST OFFICE BOX)	Rockledge, Florida 32955
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
Trena	went velegore a reent orename at their velegories villant

Page 1 of 3

or removed	g Authorized Person(s) authori i from our records:	zed to manage, <u>enter the title, name, and addre</u>	ss of each person being added
MGR = N AMBR = A	Aanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	Kevin D. Clark	4117 Meander Place, #202	D Add
		Rockledge, FL 32955	□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			Add
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			Change
			☐ Remove
			□ Change
	 	<u> </u>	□ Add
			□ Remove
			□ Change

O. If amending any other inform	nation, enter ch	inge(s) here:	: (Attach additio	onal sheets, if r	necessary.)		
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. Effective date, if other than the (If an effective date is listed, the date in	nust be specific and o	annot be prior to	o date of filing or mo	ore than 90 days a	p tional) fler filing.) Pursua	nt to 605.0207 (3)(b	·)
Note: If the date inserted in this document's effective date on the	block does not me Department of Sta	et the application in the state of the state	ble statutory filing	g requirements,	this date will not	t be listed as the	
the record specifies a delay b) The 90th day after the re		te, but not	an effective ti	ime, at 12:0	1 a.m. on the	e earlier of:	
Dated September (,		2017					
	Kur	Mint					
	Signature of a me	riber of author	ized representative	of a member			
		yped or printed	name of signee		- · · · · · · · · · · · · · · · · ·		
		Page :	3 of 3				
		Filing Fe	e: \$25.00				