

L18000086692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

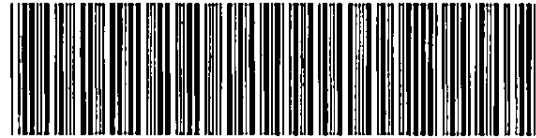
(Business Entity Name)

(Document Number)

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FILED  
19 OCT 18 PM 7:40  
FBI - JEFFERSON

K. SALY  
OCT 18 2019

From:

10/18/2019 13:05

#208 P.002/007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2019

MSE COMEDY LLC  
SAMANTHA LOBBAN  
2616 TALL MAPLE LOOP  
OCOOE, FL 34761

SUBJECT: MSE COMEDY LLC  
Ref. Number: L18000086692

2019 OCT 19 PM 1:07

We have received your document for MSE COMEDY LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not have a trademark on our records for "MSE COMEDY LLC" we do have an LLC. Enclosed is the proper form to file an amendment to make the changes you wish to change.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 219A00021189

From:

10/18/2019 13:05

#208 P.003/007

MSE Comedy LLC  
Ref# L18000086692

10/18/19

Karen A Saly

Please keep the check of \$50.00 and  
use it to pay for this amendment  
of Company name.

Thank you

Jeantha Lobban

From:

10/18/2019 13:05

#208 P.004/007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MSE Comedy LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Samantha Lobban  
Name of Person

MSE Comedy LLC  
Firm/Company

2616 Tall Maple Loop  
Address

Ocoee, FL 34761  
City/State and Zip Code

drsamanthalobban@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Lobban at ( 407 ) 723-9831  
Name of Person Area Code Daytime Telephone Number

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)

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

19 OCT 18 PM 7:40  
TALLAHASSEE, FLORIDA

MSE Comedy 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 4/5/2018 and assigned Florida document number L18000086642

This amendment is submitted to amend the following:

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

MSE TV Network 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)

2616 TALL Maple Loop  
Odessa, FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(No changes)

New Registered Office Address:

Enter Florida 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

From:

10/18/2019 13:05

#208 P.006/007

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

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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☐ Add

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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FILED  
19 OCT 18 PM 7:40  
HARRIS COUNTY CLERK'S OFFICE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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.

Dated 10/18/19 \_\_\_\_\_

Samantha Lobban

Signature of a member or authorized representative of a member

Samantha Lobban

Typed or printed name of signee