L18000123544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

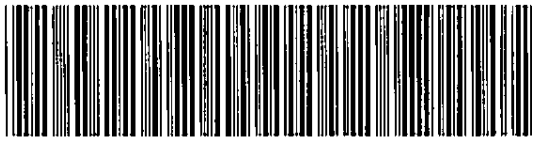
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

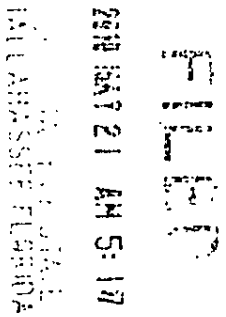
Special Instructions to Filing Officer:

Office Use Only



300313619313

05/21/18--01043--017 **25.00



COOPER LEVENSON
ATTORNEYS AT LAW

1125 Atlantic Avenue
Atlantic City, NJ 08401
Phone: 609.344.3161
Toll Free: 800.529.3161
Fax: 609.344.0939
www.cooperlevenson.com

KERRI L. KOPERVOS
EMAIL: kkopervos@cooperlevenson.com

Direct Phone (609) 572-7436
Direct Fax (609) 572-7437

FILE NO.: 60350-1

May 18, 2018

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Vocalized This, LLC

To Whom it May Concern:

Enclosed please find the Articles of Amendment to the Articles of Organization together with a check in the amount of $25 to cover recording costs. Please return the stamped copy of the filing to my attention in the envelope provided.

Thank you for your attention to this matter.

Very truly yours,

Kerri L. Kopervos, Paralegal
Robert E. Salad

KLK/KLK
Enclosure
CLAC 4363216.1

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: VOCALIZED THIS, 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:

KERRI KOPERVOS
Name of Person

COOPER LEVENSON, P.A.
Firm/Company

1125 ATLANTIC AVE. 3RD FLOOR
Address

ATLANTIC CITY, NJ 08401
City/State and Zip Code

KKOPERVOS@COOPERLEVENSON.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KERRI KOEPRVOS at (609) 572-7436
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

VOCALIZED THIS, 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 MAY 17 2018 and assigned Florida document number L18000123544.

This amendment is submitted to amend the following:

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

VOCALIZE THIS, 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)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

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

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

Title	Name	Address	Type of Action
	N/A		☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 MAY 17 2018

Signature of a member or authorized representative of a member

ROBERT E. SALAD, ESQUIRE

Typed or printed name of signee

FILED
2018 MAY 21 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00