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COVER LETTER

Division of Cor	porations		
SUBJECT: TRE	ndy Tanteur Name of Limi	MS LLC ited Liability Company	
	Amendment and fee(s) are sub-	_	
	Ekimberly	DICKERSON Name of Person	
	Trendy	Tantrums L	<u>-LC</u>
	17306 V	entana Drive	
	Boca Pa	HON FL 334	87
	KIM dickers	to be used for future annual report noti	ialmedia.com
For further information co	oncerning this matter, please ca	all:	
KIM DICK	Ler Joya Person	at (<u>3ф5</u>) <u>8ф3</u> - Area Code Daytim	- 4144 ne Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

		•
The Articles of Organization for this Limited Liability Company	were filed on July 10, 20	10^{1} and assigned
Florida document number L18ØØØ166117	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Viera rocal media	LLC	
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:	2328 Citadel	
(Principal office address MUST BE A STREET ADDRESS)	Melbourne FIG	orida.
	<u> 3294ø</u>	
	ľ	
Enter new mailing address, if applicable:	2328 Citadel 1	Nav ste 103
•	melbourne Fl	101da
(Mailing address MAY BE A POST OFFICE BOX)	•	
	3294 <i>p</i>	
D. If amonding the registered went and/or registered w	Generalden on our mands' o	metan. The name of the no
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		intergate name of the ne
	_	in the second se
Name of New Davistered Aparts		S S T
Name of New Registered Agent:		100 A
New Registered Office Address:		9 7 11
	Enter Florida street address	5% <u>-</u> 0
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this canacity. I furthe	r agree to comply with the
provisions of all statutes relative to the proper and complete		· ·
accept the obligations of my position as registered agent as		-

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			□ Remove
			☐ Change
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Effective date, fan effective date, Note: If the da document's effe	e is listed, the đ te inserted in	ate must be spec this block doe	cific and can s not meet	not be prior t the applica		g or more than	90 days alter	filing.) Pui	swint to	
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Page 3 of 3

Filing Fee: \$25.00