

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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18 NOV -2 PH 4: 04 SECRETARY OF STATE

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COVER LETTER

Division of Cos	rporations		
SUBJECT: AV	DIOVISION MEDIA LL	_C	
7000001 <u> </u>	Name of Lim	ited Liability Company	
The envlosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		·	
Please return all correspo	ondence concerning this matter	to the following:	
	A A A A	1010 : NDA	
	7/(///	Name of Person	
	<u> </u>	VISION MEDIA UC Firm/Company	
		Firm/Company	
	17506 SW	13940 Ot Address	
		Address	
	MIGME 1	FL 33177	
		FL 33177 City/State and Zip Code	
	info@a	UDIDVISIONMEDIA. COM to be used for future annual report noti	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
82. a (10	m 1/10/1	n:) 1	2002
	10 JARA of Person	at (<u>780</u>) <u>372</u> Area Code Daytin	e Telephone Number
			·
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

AUDIOVIS	ion media lic	
(<u>Name of the Limite</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on OCTOBER 5 2018. pt assigned	
Florida document number <u>L13 000 2 3 4 0 9</u>		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbrevia Arthur LLC"	_
Enter new principal offices address, if applica	ıble:	_
(Principal office address MUST BE A STREE)	TADDRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>	<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the</u> fice address here:	new
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:

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>	Address	Type of Action
<u>AMBR</u>	Christian Schnee weiths	7580 SW 82nd St Apt Fat MKMI, FL 33143	🖸 Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		 	
			Remove
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(If an effective <u>Note:</u> If the	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	10/29. 2018
_	Signature of a member or authorized representative of a member
	AMARIO JARA

Page 3 of 3

Filing Fee: \$25.00