

L191000 195 801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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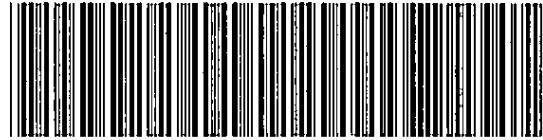
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARTNER VOICE OVER, 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:

FAISAL HUSSAIN

\_\_\_\_\_  
Name of Person

PARTNER VOICE OVER, LLC

\_\_\_\_\_  
Firm/Company

125 E. PINE ST., SUITE 2112

\_\_\_\_\_  
Address

ORLANDO, FL 32801

\_\_\_\_\_  
City/State and Zip Code

FAZE1222@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FAISAL HUSSAIN

321 945-1572

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

PARTNER VOICE OVER, 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 JULY 31, 2019 and assigned  
Florida document number L19000195801.

This amendment is submitted to amend the following:

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

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:

125 E. PINE STREET, SUITE 2112

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32801

Enter new mailing address, if applicable:

125 E. PINE STREET, SUITE 2112

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO, FL 32801

**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:

FAISAL HUSSAIN

New Registered Office Address:

125 E. PINE STREET, SUITE 2112

*Enter Florida street address*

ORLANDO


Florida 32801

*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>      | <u>Address</u>                        | <u>Type of Action</u>                      |
|--------------|------------------|---------------------------------------|--|
| MGR          | ARTHUR T. CURTIS | 2912 KINNON DR.<br>ORLANDO, FL 32817  | <input type="checkbox"/> Add               |
|              |                  |                                       | <input checked="" type="checkbox"/> Remove |
|              |                  |                                       | <input type="checkbox"/> Change            |
| AMBR         | JOHN L. HODGES   | 3400 LODGE COURT<br>DELTONA, FL 32738 | <input type="checkbox"/> Add               |
|              |                  |                                       | <input checked="" type="checkbox"/> Remove |
|              |                  |                                       | <input type="checkbox"/> Change            |
|              |                  |                                       | <input type="checkbox"/> Add               |
|              |                  |                                       | <input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Change            |
|              |                  |                                       | <input type="checkbox"/> Add               |
|              |                  |                                       | <input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Change            |
|              |                  |                                       | <input type="checkbox"/> Add               |
|              |                  |                                       | <input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

*[Signature]*

FAISAL HUSSAIN

**Page 3 of 3**  
**Filing Fee: \$25.00**