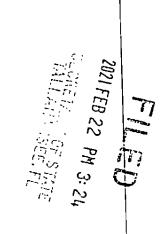
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(Requestor's Name)	
(Address)	20036050
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	02/32/2101028-
(Document Number)	
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## COVER LETTER

TO:		stration Sec sion of Corp					
		VisionKeepe	rs Media Productions LLC				
SUBJECT:  Name of Limited Liability Company					<del></del>	1	
							I
			amendment and fee(s) are sub	_			
			J. Daniel Barham				:
			<del></del>	Name of Persor	1		
			VK Global7 LLC				
				Firm/Company			†
	7288 18th Street NE						
Address				<del></del>	~ ~		
	Saint Petersburg, Florida 33702-4757				021 FE		
	City/State and Zip Code			5	8 2		
			JDanielBarham@GMail.com	m to be used for future an		:	2 :
For furth	ner in	formation co	e-mail address: ( neerning this matter, please c		inual report notification	" "这 "这	요
J. Danie	l Barl	iam (Dan)		727 at (	209-7117	;	24
•		Name of	Person	Area Code	Daytime Telep	phone Number	_
Enclosed	l is a	check for the	following amount:				
□ \$25.	.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop tadditional copy	y	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
	Reg Div P.O	ing Address: istration Se sion of Co Box 6327 ahassee, FI	ection rporations	Reg Div The 241	et Address: distration Section ision of Corporat Centre of Tallah 5 N. Monroe Stro lahassee, FL 3230	assee eet, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VISIONKEEPERS MEDIA PRODUCTIONS 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  $\frac{12/30/2020}{12/30/2020}$ and assigned Florida document number L21000008511 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VK Global7 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) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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:

or remov	ed from our records:	•
MGR =	Manager	

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			   DAdd		
			Remove		
			 ☐Change		
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