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			COVER LETTER		
	egistration Se ivision of Cor				
		m Media Productions, LLC			
SUBJECT	`:	Name of Lim	ited Liability Company		
The angles	ad Articlas of	Amendment and fee(s) are sub	mitted for filing		
		ondence concerning this matter			
		James O. Ragsdale			
			Name of Person		
		MainStream Nation, LLC	,		
	Firm/Company				
		3250 NE Candice Ave.,	= 2		
			Address		
		Jensen Beach, FL 3499	57		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
		jimemainstreamnation, o	on to be used for future annual report no	(itication)	
For further	information c	oncerning this matter, please o		······	
James O.			779 898-9436		
	Name o	t Person	at () Area Code Dayti	me Telephone Number	
Enclosed is	s 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)	
	Iniling Addres		Street Address:	agtion	
Registration Section Division of Corporations		Registration Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MainStream Media Productions, LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears of a Limited Liability Company)	n our records.)
he Articles of Organization for this Limited Liability Clorida document number 1.21000021441	Company were filed on 1/7/2	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here	:
ainStream Nation, LLC		
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
i. If amending the registered agent and/or registere gent and/or the new registered office address here: Name of New Registered Agent:		ords, enter the name of the new registere
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
		, Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and c ecept the obligations of my position as registered a eing filed to merely reflect a change in the register	complete performance of magent as provided for in Cha	v duties, and I am familiar with and upter 605, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change

D. If amending any other inform	nation, enter change(s) her	re: (Attach additional sheets, if ne	ecessary.)
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E. Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not meet the application	icable statutory filing requirements, t	ctional) ter filing.) Pursuant to 605,0207 (3)th his date will not be listed as the
If the record specifies a delayed effect record is filed.	tive date, but not an effective t	time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated May 16		·	
		Mudel	
	Signature of a member or auth	horized representative of a member	
James O. Ragsdale			

Filing Fee: \$25.00

Typed or printed name of signee