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SECRETARY OF STATE

COVER LETTER

	tion Section of Corporations			
SUBJECT:	Sauc D Name of	PCV TV AM 5 DOV 7 Limited Liability Company	t, ccc	
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	Ste	Name of Person		
		Firm/Company		
	_150 €. Po	phiuson St unit 200 Address	2072 AUG 30 SECRETARI TALLAHA	
	Orlando Stevelo:	City/State and Zip Code Stephen pul Sq. COM ss: (tobbe used for future annual report no	PR 2: 1 SSEE, FI	ri J
For further informa	ation concerning this matter, pleas	•	,	
Stephen	Meso_ Name of Person	at (<u>614</u>) <u>307</u> Area Code Daytin	- 7737 me Telephone Number	
Enclosed is a checl	k 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)	
<u>Mailing A</u>	Address:	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number ___ 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: (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 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>	Type of Action
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