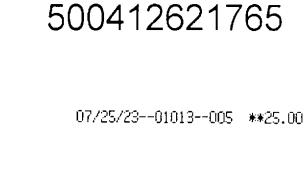
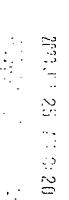
## L23000321245

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## **COVER LETTER**

Division of Corpo	rations ,	•	ι
SUBJECT:	MVY	Bill Board L.L.	<u>C.</u>
	Name of L	imited Liability Company	
The enclosed Articles of An	nendment and fee(s) are so	ubmitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
	Esau	1 0101	
	<u>MV</u>	Name of Person  BillBoard  Firm/Company	LC.
	1424 N	W 24th Terrace	
	Fort )	Lauderdale .FL.	33311
	wν	City/State and Zip Code  Signup @ ofmail c  to be used for future analyal report notification	om : 3
	E-mail addrest	: (to be sised for future annual report notification	on)
For further information cond	erning this matter, please	e call:	
tsau Fr	azier III	- at 754, 366-5	538 - 8
Name of Pe	erson		ephone Number
			0.3
Enclosed is a check for the f	ollowing amount:		· O
\$25.00 Filing Fee	S30.00 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:	otion	Street Address:	_

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

TO: Registration Section

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

MVP BillBoard	L.L.C.
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L23000321245</u>	, h
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	
Enter new principal offices address, if applicable:	V 63 
(Principal office address MUST BE A STREET ADDRESS)	
	2
Enter new mailing address, if applicable:	<u>,                                    </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	ņ Zīp Code
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper and complete perfoaccept the obligations of my position as registered agent and agree to a provided in the proper and complete perfoaccept the obligations of my position as registered agent and agree to a provided in the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper and complete perfoaccept the obligations of my position as registered agent as provided in the proper agent as provided in the proper agent agent as provided in the proper agent	rmance of my duties, and I am familiar with and

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>	. i -	Address	Type of Action
MGR	£ Card	Economic TIT	1424 NW 24 TERCHICE	
ian	125au	1192101_11	1424 NW 24 TERRACE - FORT Landervolle, Fr. 33311	Œ Add
				□Remove
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Filing Fee: \$25.00