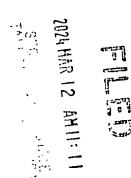
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
OUR HEZER	Smart Me	dia Development LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	:	Stuart A. Teller, Esquire			
Name of Person					
	Stuart A. Teller, PA				
	Firm/Company				
	7320 Griffin Road, Suite 216				
		Address			
		Davie, Florida 33314			
	City/State and Zip Code				
	F 21 11	Stuart@tellerllawoffice.com	74 - 1117 - 1117		
For further information c	oncerning this matter, please ca	to be used for future annual report noti all:	neation		
Stuart 2	A. Teller, Esq	954 327-3383			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction		
Division of C	orporations	Division of Cor	porations		
P.O. Box 632	.7	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Smart Media Deve	lopment LLC	
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our rec bility Company)	ords.)
the Articles of Organization for this Limited I lorida document number 1.24000022815		ere filed on	and assigned
his amendment is submitted to amend the fol			
. If amending name, enter the new name of	of the limited liabili	ty company here:	
Smart Media Production LLC			
he new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "I	.LC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli Principal office address MUST BE A STRE			
nter new mailing address, if applicable:			2024 HAF
Mailing address MAY BE A POST OFFICE	EBOX)		77 - 11
3. If amending the registered agent and/or gent and/or the new registered office addr		dress on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:	Stuart A. Teller, I	'A	<u></u>
New Registered Office Address:	7320 Griffin Road		
		Enter Florida street add	dress
	Davie		Florida 33314
		City	Zin 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>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□ Add
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			□Change
			□Add
			□Remove
			□Change
			DAdd
			□ Remove
			Change

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