

L23000091089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

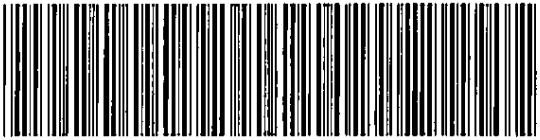
(Business Entity Name)

(Document Number)

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2023 JUL 31 PM 2:02  
CLERK OF STATE  
T.M.H.

Handwritten initials and date: 7/31/23



Signed + mailed  
7/18/23

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2023

HUGH MCPHERSON  
936 SW 1ST AVENUE  
#244  
MIAMI, FL 33130

SUBJECT: MY PORN STAR WIFE! - THE MOVIE, LLC  
Ref. Number: L23000091089

We have received your document for MY PORN STAR WIFE! - THE MOVIE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 123A00014303

Yvette,  
Thabz you!  
Hgh

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MY PORN STAR WIFE! - THE MOVIE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hugh McPherson  
Name of Person  
The Media Store, LLC® dba Copper Wire Productions®  
Firm/Company  
936 SW 1st Avenue, #244  
Address  
Miami, FL 33130  
City/State and Zip Code  
hugh@copperwireproductions.com  
E-mail address: (to be used for future annual report notification)

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REGISTRATION DIVISION  
STATE OF FLORIDA

For further information concerning this matter, please call:

Hugh McPherson 305 962-2575  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check 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)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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**

MY PORN STAR WIFE! - THE MOVIE, 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 02/20/2023 and assigned Florida document number L23000091089.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MPSW The Movie, 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DUVAL, FLORIDA

**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*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City* *Zip 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> | <u>Type of Action</u>                      |
|--------------|-------------|----------------|--|
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
| _____        | _____       | _____          | <input type="checkbox"/> Remove            |
| _____        | _____       | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
| _____        | _____       | _____          | <input type="checkbox"/> Remove            |
| _____        | _____       | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
| _____        | _____       | _____          | <input checked="" type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
| _____        | _____       | _____          | <input type="checkbox"/> Remove            |
| _____        | _____       | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
| _____        | _____       | _____          | <input type="checkbox"/> Remove            |
| _____        | _____       | _____          | <input type="checkbox"/> Change            |

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STATE OF MICHIGAN  
SECRETARY OF STATE

LED  
LED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 2, 2023

*Hugh McPherson*  
Signature of a member or authorized representative of a member

*Hugh McPherson*      *Hugh McPherson*  
Typed or printed name of signee