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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: FUGUS	UB FILM PROD	SUCTIONS LLC		
		nited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspon	ndence concerning this matter	r to the following:		
	RUSSELL J	CANFIELD		
		(Name of Person)		
	FUGUSUB FIL	PRODUCTIONS, L (Firm/Company)	LC	
	1247 MACKE	RAL AVE. (Address)		
SARASOTA, FLORIDA 34 237 (City/State and Zip Code)				
For further information concerning this matter, please call:				
RUSSELL J. CA	ANFIELD	at (941) 364-887	' 4	
(Name o		(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE TALLAHASSEE FLORIDA

FUGUSUB FILM PRODUCTIONS 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	y were filed on 9/2	8 / 2005 and assigned
Florida document number <u>L05000095075</u> .	,	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
FUGUSUB, LLC		
The new name must be distinguishable and end with the words "Lim" L.L.C."	nited Liability Company,"	the designation "LLC" or the abbreviation
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)	-	LLC 52774
		FLORIDA 34232 - 0323
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	office address on our	
New Registered Office Fluctions.	(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 608, 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name **Address Type of Action** DOUGLAS B. CANFIELD 20945 BLUFFS MGRM DNAWAY, MICHIGAN 49765 -9779 Remove Remove _ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) * ALEXANDER Dated FEBRUARY 12 , 2009 . Signature of Smember or authorized representative of a member DOUGLAS B. CANFILLD
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Filing Fee: \$25.00