

LI2000059603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

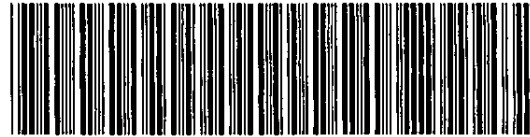
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2013 SEP -3 AM 8:32
J. SAULSBERRY
EXAMINER

J. SAULSBERRY
EXAMINER
SEP 4 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Motion Stunt Production, 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:

Jerry Barrett

Name of Person

Motion Picture Stunt Productions, llc

Firm/Company

8373 SE 176th Lawson Loop

Address

The Villages, FL 32162

City/State and Zip Code

JBARRETT@MOTIONPICTURESTUNTPRODUCTIONS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 SEP -3 AM 8:32
STATE
CLERK

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MOTION STUNT PRODUCTION, 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 05/02/2012 and assigned
Florida document number L12000059603.

This amendment is submitted to amend the following:

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

MOTION PICTURE STUNT PRODUCTIONS, LLC

The new name must be distinguishable and end with 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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

HERMAN C AVILA

New Registered Office Address:

3635 ORLANDO DR

Enter Florida street address

SANFORD

City

Florida 32773

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
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			☐ Remove

SEP - 3
 8:32
 DATE
 09/10

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

Dated August 30, 2013



Signature of a member or authorized representative of a member
Jerry Barrett

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
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CLERK OF DISTRICT COURT
STATE OF FLORIDA