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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Re | questor's Name) | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

| | istration Sec ision of Corp | | | |
|----------------|--------------------------------|---|--|---|
| SUBJECT: | | Minute Pr (Name of Lim | oductions, LLC ited Liability Company) | - |
| The enclosed | l Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | L | gan Link (Name of Person) | |
| | | | (Name of Person) | |
| | | | | |
| | | | (Firm/Company) | |
| | | 1032 | Hendraks Ave (Address) | |
| | | - 111 - | (Address) | |
| | | | Mr.Me, FL 32207 (City/State and Zip Code) | |
| | | | (City/State and Zip Code) | |
| For further is | nformation co | oncerning this matter, please c | all: | |
| | - D Jan (Name o | R.nk | at (<u>904</u>) 434-567 (Area Code & Daytime T | elephone Number) |
| | · | | • | |
| | | e following amount: | | |
| \$25.00 F | iling 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:

الها القراعين ال

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



| 13 MINU | ITE PRODUCTIONS L | LC |
|--|--|--|
| (Name of the Limited L (A F | iability Company as it now appears lorida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liab Florida document number <u>L0500018/3</u> | | and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company | ," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicat | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE Bo | <u> </u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | 2 | r records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Ente | er 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.

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

MGR = Manager

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--|--|-----------------------------|
| MGRM | Milan Malinovic | 7910 Linkside Drive Jacksonville, FL 32256 | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter chang | ge(s) here: (Attach additional sheets, if necessar | ry.) |
| | | | NON 80 |
| | | | I O PH I2: 37 ASSEE FLORIDA |
| Dated | Vorember 7, 20 | <u>08</u> . | : 37 |
| | Logan A | or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00