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SEGNEDARY STATE

OCT 01 2014

S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

AJS TRUE TO LIFE PRODUCTIONS, 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:

WARREN SAM

Name of Person

AJS TRUE TO CRAFT PRODUCTIONS, LLC

Firm/Company

P.O. BOX 740905

Address

BOYNTON BEACH, FL. 33474

City/State and Zip Code

WSAM@BELLSOUTH.NET

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

For further information concerning this matter, please call:

WARREN SAM

,954<u>,</u>732-7718

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJS TRUE TO LIFE 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 Florida document number <u>L14000143602</u> .	were filed on 09/15/2014	and assigned
This amendment is submitted to amend the following:		78 7
A. If amending name, enter the new name of the limited liab	ility company here:	
AJS TRUE TO CRAFT PRODUCTIONS, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	P.O. BOX 740905 BOYNTON BEACH, FL. 3	3474
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		nter the name of the nev
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	City	Zip Code
Name Descriptional Amount's Circumstance (Calcardia Description 1.4		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	SANDRA SAM	11020 SUNSET RIDGE CIR
		BOYNTON BEACH, FL. 33473
		□ Add
		•
		Remove
		
		Remove
		en e
		Remove
		
		Remove

D.	If ame	nding any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
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	The effe	ve date, if other than the date of filing: ctive date must be specific, cannot be prior to date of receipt or filed date and ca this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
	Dated	SEPTEMBER 23, 2014	
	, succe	Ille 2	
		Signature of a member or authorized represer	tative of a member
		WARREN SAM	

Page 3 of 3

SEP 25 TO 4 KD

Filing Fee: \$25.00