

LD3000012672

(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:

Office Use Only



200181613212

06/14/10--01046--017 \*\*50.00

FILED  
10 JUN 14 PM 12:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
JUN 15 2010  
EXAMINER

**LAW OFFICE OF  
BARRY OLIVER CHASE, P.A.  
Entertainment, Arts & Media Law**

Phone (305) 373-7665  
Fax (305) 373-7668  
E-Mail: LOBOC@aol.com  
Websites: www.LawHarvard.com  
www.BarryOliverChase.com

21 S.E. First Ave., Suite 700  
Miami, FL 33131  
USA  
Licensed in Florida and the  
District of Columbia

June 11, 2010

To:  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

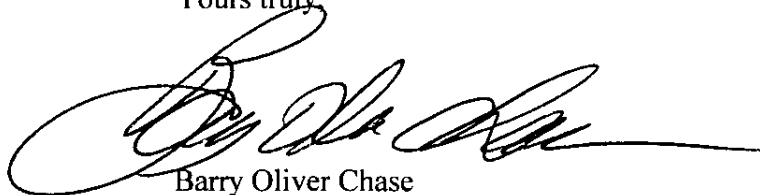
**Re: Name Change from "Animare, LLC" to "Animari Films, LLC"**

Dear Registration Section:

Please find enclosed the undersigned's check #4513, dated today, in the amount of sixty dollars (\$60.00), along with the original and one (1) copy of the Articles of Amendment to the Articles of Organization of Animare, LLC, a Florida limited liability company (Document #L03000012672), changing the name of this company to "Animari Films, LLC".

Thank you for your attention to this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "Barry Oliver Chase", written in a cursive style.

Barry Oliver Chase

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ANIMARE, 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:

**Barry Chase**

Name of Person

**Law Office of Barry Oliver Chase, PA**

Firm/Company

**21 SE 1st Ave., Suite 700**

Address

**Miami, FL 33131**

City/State and Zip Code

**LOBOC@aol.com**

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

For further information concerning this matter, please call:

**Barry Chase**

Name of Person

at ( **305** )

**373-7665**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**ANIMARE, 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 04/08/2003

Florida document number L03000012672

FILED  
10 JUN 14 PM 12:51  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

This amendment is submitted to amend the following:

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

**ANIMARI FILMS, 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:

\_\_\_\_\_

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 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

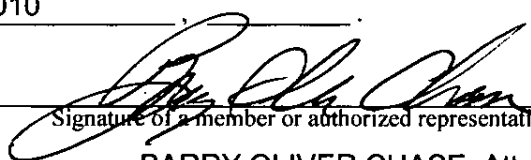
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
JUN 14 PM 12:51  
STATE OF ARIZONA  
CLERK OF SUPERIOR COURT

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

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

Dated 06/11/2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**BARRY OLIVER CHASE, Attorney**  
\_\_\_\_\_  
Typed or printed name of signee