

105000045973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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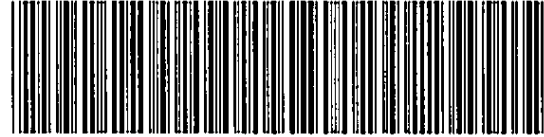
(Business Entity Name)

(Document Number)

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18 NOV -9 AM 9:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Random Moves, 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:

Dr. Randy Eisel
Name of Person
The Animalite Veterinary Center
Firm/Company
2171 Pine Ridge Rd
Address
Naples FL 34109
City/State and Zip Code
rmoaneisel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Randy Eisel
Name of Person
239
Area Code
513-1777
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**

Random Moves, 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 May 10, 2005 and assigned
Florida document number L05000045973

This amendment is submitted to amend the following:

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

Hollywood Theater Alumni, LLC
The new name must be distinguishable and contain 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)

7550 Mission Hills Drive

Suite 108

Naples, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7550 Mission Hills Drive

Suite 108

Naples, FL 34119

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:

Dr. Randy Eisel

New Registered Office Address:

7550 Mission Hills Drive Suite 108

Enter Florida street address

Naples

City

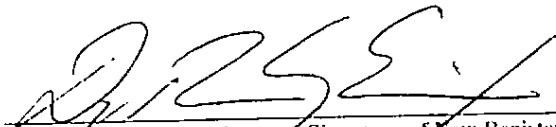
Florida

34119

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 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.


Dr. Randy Eisel
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dominic Andreoli	6857 Wellington Drive Naples, FL 34109	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 11:11 AM
 JUN 81

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Start (600) 341
Fall 1988

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18 NOV - 8 AM 9:13
STANDARD TIME
FALLS CHURCH, VA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Dr. Randall Scott Ensel