W5000 68 190

(Requestor's Name)				
(Ac	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	= #)		
`		ŕ		
PICK-UP	MAIT	MAIL		
(Ri	isiness Entity Nar	na)		
(50	iomeoo Cimity Ivar	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	•			
	,	ł		





100134069201

08/08/08--01027--017 **25.00

08 AUG -8 AM H: 08
SECRETARY OF STATE
AND ANASSEE PLORIDA

M. THOMAS

AUG 1 1 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: AEQUIC	CAP PRODUCTION	S, LLC		
	(Name of Limi	ted Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		•		
	Michael A. Goldstein			
		(Name of Person)		
	AEQUICAP PRODUCTION	ONS, LLC		
	(Firm/Company)			
			OB AUG-8 AN A. C.	
	3000 West Cypress Creek Road (Address)			
		(Addiess)	第 至	
	Fort Lauderdale, FL 3307			
		(City/State and Zip Code)		
For fouther information as	oncerning this matter, please ca	n.II.	77	
ror further information ec	meering this matter, please of	all.		
Michael Goldstein		at (954) 493 6565 ext 340		
(Name o	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for th	e 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

AEQUICAP PRODUCTIONS, LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our reted Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/12/2005	and assigned	
Florida document number <u>L05000068190</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:	8	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Company," the des	signation "LLC" or the entreviation	
Enter new principal offices address, if applicable:		第0至	
(Principal office address MUST BE A STREET ADDRESS	5)	TO THE STATE OF	
		- Om	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our record <u>here</u> :	is, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
·	, F	Florida(Zip Code)	
i	(Cuy)	(Lip 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> **Address** <u>Name</u> MGRM **AEQUICAP SERVICES GROUF** 3000 WEST CYPRESS CREEK RD _ Add Remove FORT LAUDERDALE FL 33324 Philip E. Morgaman 3000 WEST CYPRESS CREEK RD MGR FORT LAUDERDALE FL 33324 Remove 🗂 Add Remove ∏ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated August 6 Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00