

LO60000/5800

FILED

2006 FEB 17 P 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

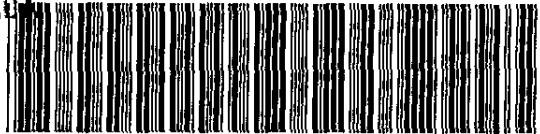
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



300065843433

02/17/06---01023---004 * * *

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINITE PRODUCTIONS, LLC
(Name of Limited Liability Company)

FILED
2006 FEB 17 P 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOPHIA M ALVAREZ

(Name of Person)

FINITE PRODUCTIONS, LLC

(Firm/Company)

11319 S W 92 STREET

(Address)

MIAMI, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY KWOK

(Name of Person)

at (305) 598-2224

(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

FILED

FINITE PRODUCTIONS, LLC

(Present Name)
(A Florida Limited Liability Company)

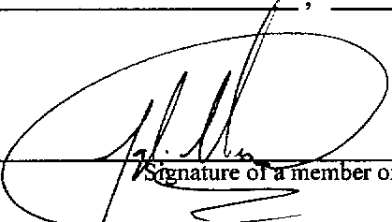
2006 FEB 17 P 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The Articles of Organization were filed on FEBRUARY 13, 2006 and assigned
document number L06000015800.

SECOND: This amendment is submitted to amend the following:

NAME OF LLC: FINITE ENTERTAINMENT, LLC

Dated FEBRUARY 14, 2006.



Signature of a member or authorized representative of a member
SOPHIA M ALVAREZ

Typed or printed name of signee

Filing Fee: \$25.00