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B JUN 20 PM 12: SECRETARY OF STAT ALLAHASSEE FLORIT

T. HAMPTON

JUN 2 3 2008

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Cor	rporations							
Onec	lerful Pictures IIIC		_					
SUBJECT: Oneo	lerful Pictures, LLC (Name of Lim	ited Liability Company)						
	·							
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
		_						
Please return all correspondence	ondence concerning this matter	to the following:						
	Kenneth Hassell							
		(Name of Person)						
	ONEDERFUL PICTURES LLC							
		(Firm/Company)						
	OOD OOFAN DRIVE CLUTE#OOC							
	820 OCEAN DRIVE, SUITE#306 (Address)							
		Miami Beach, FL 33139 (City/State and Zip Code)						
		(City/State and Zip Code)						
For further information	concerning this matter, please c	all:						
KENNETH HASSELL		at (718) 930-7621	, , , , , , , , , , , , , , , , , , , 					
(Name	of Person)	(Area Code & Daytime To	elephone Number)					
Enclosed is a check for t	the following amount:							
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,					
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy					
			(additional copy is enclosed)					
MAILING ADDRESS: STREET/COURIER ADDRESS:								
MAILING ADDRESS: Registration Section		Registration Section						
Division of Corporations		Division of Corporations						
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center						
·		Tallahassee, FL 32301						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEC	80	
SECRETARY OF STATE	JUN 20 PM 12: 0	FILED

ONEDERFUL PICTU	URES LLC RES	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed onSeptember 12, 2006 and assigned	
Piorida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviati	on
Enter new principal offices address, if applicable:	820 Ocean Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite# 306	_
	Miami Beach, FL 33139	
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		≥ w
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, <u>enter the title, name, and address of each Manager or Managing Member' being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGM	Sheldon Branche	10-10 Gibson Street Far Rockaway, NY 11691	Add Remove
MGRM_	Shashane Caraballo	541 Beach 65th Street Arverne, NY 11692	Add Remove
			Add Remove
D. If amending	g any other information, enter change(s)	here: (Attach additional sheets, if necessary,	FILE
***************************************		FLORIDA	<u>'</u>
Dated	Kenneth +	authorized representative of a member 955e L L printed name of signee	

Page 2 of 2

Filing Fee: \$25.00