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EXAMINER



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SECRETARY OF SIMPLED OF CORPORATION

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	HONSUL BAY (Name of Lim	MAILKE FING, UC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	1.100	4000	
		Name of Person)	
	740 NS C	Name of Person) 1 Say Markofish (Film/Company)	UC
		(Address)	
	Lufz	(City/State and Zip Code)	
For further information c	oncerning this matter, please c	call:	
L/WC (Name	of Person)	at (<u>\$/\$)</u>	elephone Number)
Enclosed is a check for the	ne 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

Name of the Limited Liab	Uty Company as it now appears on our	records.)	
(A Flori	da Limited Liability Company)		
The Articles of Organization for this Limited Liabilit	y Company were filed on	and assigned	
Florida document number <u>LOLD606 Sc</u>	7//0		
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		0	
(Principal office address MUST BE A STREET AL	DDRESS)	909 VIS	
		H 98	
		5 9 2	
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	<u></u>	<u> </u>	
		Ħ.	
B. If amending the registered agent and/or re		rds, enter the name of the new	
registered agent and/or the new registered office a	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 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 Title Name **Address** Type of Action Maken GUE ANN YEAD MGRM Remove Remove r Add ⊤ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FLBAUARY 9, 2009. Dated Agnature of a member or authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00