# LOWDOD 112784

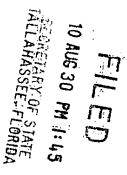
(Re	equestor's Name)	
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D. BRUCE
AUG 3 1 2010
EXAMINER

## **COVER LETTER**

TO:	, Registration So Division of Co				
SUBJE	CCT:	625 Prod	uctions, LLC		
	•	Name of Limi	ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		A)	yssa Palmer Name of Person		
		625	Productions, LLC Firm/Company		
		2616	Cascade Falls Drive		
		Austin	TX 78738 City/State and Zip Code		\max_a
·*		E-mail address: (	2. ric55 egmail. com to be used for future annual report notification	on)	10 AU Secre Allan
For fur	ther information of	concerning this matter, please of	all:		30 P
	A ly55a Name o	Palmer of Person	at ( <u>727 ) 424 - 86 s</u> Area Code & Daytime Te	5 2_ lephone Number	FILED  10 AUG 30 PM 1: 45 PALLAHASSEE FLORIDA
Enclos	ed is a check for t	he following amount:			
<b>⊡</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
	MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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 Liability Comp (A Florida Limited	any as it now app	ears on our records.)	<del></del>		
The Articles of Organization for this Limited Liability Compan	y were filed on _	11-22-2006	and assigned		
Florida document number <u>L06000112784</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company h	ere:			
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Con	pany," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		<u> </u>		
			0		
			E SA		
Enter new mailing address, if applicable:	<del>-</del>	- <del> </del>	30 ARYCO		
(Mailing address MAY BE A POST OFFICE BOX)			F 3		
	<del></del>	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	Alyss	a C. Palmer			
New Registered Office Address:		103 Manatce Road  Enter Florida street address			
		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> Alyssa Ricss 103 Manatee Road MGRM ☐ Add Belleair, FL 33756 Remove Alyssa C. Palmer 103 Manatec Road Bylcair, FL 33756 MGRM ☐ Add ☐ Remove ∏Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated August 24 , 2010 . Signature of a member or authorized representative of a member Alyssa C. Palmer
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00