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SECRETARY OF STATE
SECRETARY OF ADAID.

COVER LETTER

TO;		istration S ision of Co	Section orporations		
SUBJE	CT:	Zivos, l			
			(Name of Lin	nited Liability Company)	
			of Amendment and fee(s) are su	_	
Please r	eturn	all corresp	condence concerning this matte	r to the following:	
			Dmitry Kozko	(Numa of Danier)	
				(Name of Person)	0
			Zivos, LLC		1 50 8
				(Firm/Company)	PR PR
			201 S Biscayne Blvd	1 Suite 2804	-9
			201 0 Bloodyno Bive	(Address)	
					08 APR -9 AM 10: 30 SECRETARISSEE FLORIDA TALLAHASSEE FLORIDA
			Miami, FL 33131	(City/State and Zip Code)	
				(Chy/State and Zip Code)	ઝ
For furti	her in	ıformation	concerning this matter, please	call:	
Dmitry Kozko			at (786) 449-9222		
(Name of Person)			e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed	d is a	check for	the following amount:		
\$25.0			\$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)
		Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIER Registration Section Division of Corporation	

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**

Zivos, LLC (Name of the Limited Lia (A Flo	bility Company as it now appears on ourida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 11/16/26	2007 and assigned	
Florida document number <u>L07000115910</u>			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
Openfilm, LLC			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," th	ne designation "LLC" or the abbreviation	
		두을 가 팔	
B. If amending the registered agent and/or registered agent and/or the new registered office		سنسرا الهيئة وكان	
	audress nere:	AN IO: 30	
Name of New Registered Agent:		<u></u>	
New Registered Office Address:		,	
	(Enter Florida street address) , Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	stered Agent:		

1

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>	Name	Address	Type of Action			
			Add Remove			
	·		Add			
			Remove			
			Add Remove 8			
			Remove OF STATE Add Add Add Add Add Add Add			
			Add OFFICE 30			
			Add Remove			
D. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	y.)			
· —						
		·				
	Signature of a memb	per or authorized representative of a member				
	Donitary Ke	ed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00