## 107000116427

. (	Requestor's Name)		
	Address)		
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	City/State/Zip/Phone #)		
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(Document Number)			
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TO MAY 21 AM B: O

D. BRUCE
MAY 25 2010
EXAMINER

## **COVER LETTER**

	Registration So Division of Co					
SUBJEC	ு⊤∙	Mental Pictu	re Productions, LLC			
SUBJEC	···		ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
			Benjamin Michel			
		Menta	Picture Productions, LLC			
			Firm/Company			
	P.O. Box 621619					
Address						
			Oviedo, FL 32762		€1	
City/State and Zip Code						
		ber	michel001@gmail.com		O MAY 21	
		E-mail address: (	to be used for future annual report noti	fication)		To Partie
For furth	er information of	concerning this matter, please	call:		<b>西京 子</b>	
	Bei	njamin Michel	at ( 407 )	925-6598	CF STA	O
		of Person		ne Telephone Number		
Enclosed	is a check for t	he following amount:				
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (	of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3:	on orations enter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mental Picture Pro	oductions, LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company	were filed on November 19, 20	007 and assigned		
Florida document numberL07000116427				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Artwork Pictu	res, LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		57		
		9		
Enter new mailing address, if applicable:		7 7		
(Mailing address MAY BE A POST OFFICE BOX)				
	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rathe name of the new		
Name of New Registered Agent:		(a. 1)		
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	Manager I = Managing Member		
Title '	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
·			Add Remove
			Add Remove
***************************************	<del></del>		☐Add ☐Remove
D. If a	mending any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	10 MAY
	Alternate names for Limited Liability C	ompany:	72
	Artwork Pictures Cinema, LLC, Artwork		
	The purpose for which this Limited Lia		
	Producing and distributing film, video a	and photography projects.	7
	Providing services in fine art, film, vide	o and photography.	_
Dated _	May 18 ,, 201	<u>0</u> .	
	Signature of a member o	r authorized representative of a member	. <u></u>
	<del>-</del>	njamin Michel	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00