Florida Department of State

Division of Corporations Public Access System

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(((H080000706343)))



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Division of Corporations

Fax Number : (850)617-6383

Account Name : CSH SERVICES, LLC

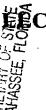
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OUTLAW PRODUCTIONS LLC

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Corporate Filing Menu

OUTLAW PRODUCTIONS LLC

4-08000070634-3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	jability Company as it now appears on or forida Limited Liability Company)	r records,)	
The Articles of Organization for this Limited Lia	bility Company were filed on 12/18/20	07 and assigned	
Florida document number <u>L07000125262</u>	,	TO MAR	
This amendment is submitted to amend the follow	wing:	NSSEE	
A. If amending name, enter the new name of	the limited liability company here:	8: 30 FLORID	
B. If amending the registered agent and/or registered agent and/or the new registered off		cords, <u>enter the name of the new</u>	
Name of New Registered Agent:	·		
New Registered Office Address:	(Enter Fl	orida street address)	
·		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R	egistered 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)

MGR = Manager

H-08000070634-3

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:

<u>Title</u>	Integral Member Name	Address	Type of Action
MGRM	JERRY POPE	819 SW ALACHUA AVE	Add
TAICHEAN	JERNI FUFE	LAKE CITY, FL 32025	Remove
			Add
			Remove
			Add
			Add Remove
 :			Add
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if nece	essary.)
· · .			75.0 O
_			08 MAR SECRET
			OS MAR 19 AM SECRETARY OF STANLAHASSEE FI
_			
Dated MAR	Rid And	<u>08</u>	M 8: 30 IF STATE
	Signature of a mem	ber or authorized representative of a member	
		ped or printed name of signee	