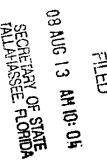
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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M. THOMAS

AUG 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CAMERAN MIZE ((Name of Person) FIRM CORIDI XXX STADIOS (Firm/Company) 1215 SEMINULA BLUD (Address) CASSEURENRY F 32707	08 AUG 13 AM IO: OF STATE SECHETARY OF STATE FLORID
For further information concerning this matter, please call: Anteon Mize at (407) 49 3 16	3

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2008

CARMEON MIZELL 1215 SEMINOLA BLVD. CASSELBERRY, FL 32707

SUBJECT: GRIDLOCK STUDIOS, LLC

Ref. Number: L08000045506

We have received your document for GRIDLOCK STUDIOS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 008A00043593

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	DOOS pany as it now appears	on our records.
The Articles of Organization for this Limited Liability Compa Florida document number <u>L08000045506</u> .	d Liability Company) ny were filed on	706/2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	S LLC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECHELAN OF STA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ir records, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	(Ent	er 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: MGR = Manager MGRM = Managing Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> ☐ Add Remove _ Add Remove _ Add Remove 🗖 Remo ☐ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00