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DIVISION OF CORPORATIONS  
08 DEC 10 PM 1:16

J. BRYAN  
DEC 11 2008  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SILVER BROOK PRODUCTIONS, LLC  
(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:

THOMAS B. REID

(Name of Person)

SILVER BROOK PRODUCTIONS, LLC

(Firm/Company)

4747 CAJON WREN TRAIL

(Address)

SANFORD, FL 32771

(City/State and Zip Code)

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For further information concerning this matter, please call:

THOMAS B. REID

(Name of Person)

at (407) 491-1199

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

**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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED STATE  
SECRETARY OF CORPORATIONS  
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Silver Brook Productions, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/02/2008 and assigned  
Florida document number LO8000054223.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SILVERBROOK PRODUCTIONS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4747 CAWS WREN TR  
SANFORD, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4747 CAWS WREN TR  
SANFORD, FL 32771

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

THOMAS B. REID SR.

New Registered Office Address:

4747 CAWS WREN TRAIL

(Enter Florida street address)

SANFORD

(City)

Florida

32771

(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

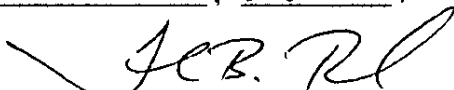
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	R. J. KNOTSON	11046 Timberly Ln Los Angeles, CA 91042	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHN W. SPARGO	11212 Waples Mill Rd Suite 104 FAIRFAX, VA 22030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION  
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Dated Nov 25, 2008



Signature of a member or authorized representative of a member

THOMAS B. REID

Typed or printed name of signee