LOSODOSIOII

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SECRETARY OF STALE
DIVISION OF CORPORATIONS

Marketh 8 na 4.51.15

COVER LETTER

TO:		stration Section of Corp					
CHO IE	СТ.	69 PROE	DUCTIONS, LLC				
SUBJE	CT:Name of Limited Liability Company						
The enc	losed .	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn a	all correspor	ndence concerning this matter	to the following:			
			AMIT KUMAR				
				Name of Person			
				Firm/Company		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
			8550 TOUCHTON R	ROAD, #1626			
				Address			
			JACKSONVILLE, FL	_ 32254			
			41/0.000110.0011	City/State and Zip Code		 	
			AKR@69MP.COM	to be used for future annual r	report notification)		
For furt	her inf	ormation co	oncerning this matter, please ca				
			oncerning this matter, prease et		2 0072		
AMIT	KUN			at ()	3-0273 Daytime Telephone N		
		Name of	f Person	Area Code	Daytime Telephone N	umber	
Enclose	d is a	check for th	ne following amount:				
\$25	.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)	
			ING ADDRESS:		COURIER ADDRE	SS:	

Registration Section
Division of Corporations
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

69 PRODUCTIONS, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L08000089071	Company were filed on 9/18/08	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DARK FRAMES PRODUCTIONS, LLC		
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		SECRETARY SECRETARY
(Mailing address MAY BE A POST OFFICE BOX)		RY
		3
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, dress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
 ,	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			Remove
_			□ Remove
			□ Add
			□ Remove
			□ Add
			Remove

	If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	:(optional) e of receipt or filed date and cannot be more than 90 days after t of State)
	Dated MARCH 2 ,	2015
	Signature of a m	nember or authorized representative of a member
	AMIT KUMAR	
	-	Typed or printed name of signee

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Filing Fee: \$25.00