

# L08000091094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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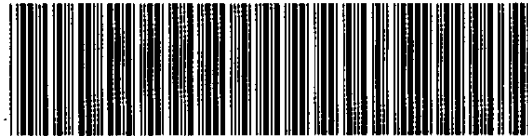
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

JUL 9 2010

EXAMINER

37837 Meridian Avenue, Suite 100  
Dade City, FL 33525  
(P.O. Box 2337, Dade City, FL 33528-2337)  
Tag ID# 58-2985033

**JAB&W**  
Johnson, Auvil, Brock & Wilson, P.A.  
ATTORNEYS AT LAW

Telephone: 352.567.2500  
General Fax: 352.567.6813  
Real Estate Fax: 352.567.0457  
Toll Free: 888.828.7522  
[www.dadecitylaw.com](http://www.dadecitylaw.com)

July 6, 2010

**VIA U.S. REGULAR MAIL**

Registration Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization of iMoto Productions, LLC

To Whom It May Concern:

Enclosed please find the Articles of Amendment to Articles of Organization of iMoto Productions, LLC, along with this firm's check for \$30.00 representing your office's fee to file this document and issue a Certificate of Status.

Should you have any questions, please feel free to contact me at the telephone number listed herein.

Very Truly Yours,

**JOHNSON, AUVIL, BROCK & WILSON, P.A.**



Sheada Madani  
/smp

(Enclosures as Indicated)

cc: Robert J. Huss

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMOTO 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:

JAMES REID HARRISON

Name of Person

iMoto Productions, LLC

Firm/Company

726 Flamingo Drive

Address

Apollo Beach, Florida 33572

City/State and Zip Code

harrisonj@us.ibm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheada Madani, Esquire

Name of Person

at ( 352 )

567-2500

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

2010 JUL -8 PM 10:34

IMOTO PRODUCTIONS, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 25, 2008 and assigned  
Florida document number L08000091094

This amendment is submitted to amend the following:

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

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)

726 Flamingo Drive

Apollo Beach, FL 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

726 Flamingo Drive

Apollo Beach, FL 33572

**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:

James Reid Harrison

New Registered Office Address:

726 Flamingo Drive

*Enter Florida street address*

Apollo Beach

*City*

Florida

33572

*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 208, 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	Robert J. Huss	17432 Hyland Lane Dade City, FL 33523	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	James Reid Harrison	726 Flamingo Drive Apollo Beach, FL 33572	<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 3, 2010

Signature of a member or authorized representative of a member

James Reid Harrison

Typed or printed name of signee

2010 JUL - 8 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED