L0900008400

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T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

_{зивиест:} Swamp Cabbage Pictures 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:

Julie Kahn

Name of Person

Swamp Cabbage Pictures, LLC

Firm/Company

9501 SW 70th Avenue

Address

Miami, FL 33156

City/State and Zip Code

swampcabbagemovie@gmail.com

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

For further information concerning this matter, please call:

Julie Kahn

*,,,*305、7**75-6417**

Name of Person

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)

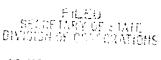
MAILING ADDRESS:

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



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Swamp Cabbage Pictures, LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L0900008400	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and end with the words "Limited Li "L.L.C."	ability Company," the designation "LLC" or the abbreviation
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) B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Neglicied Office Addicas.	Enter 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 the provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as provid being filed to merely reflect a change in the registered office addr company has been notified in writing of this change.	erformance of my duties, and I am familiar with and led for in Chapter 608, F.S. Or, if this document is

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>Name</u>	Address	vpe of Action
 Hayley Downs		Add
		Remove
		-
 		Add Remove
 		Add
		Remove
 		Add
		Remove
		
 		Add
		Remove 28
 		Add Services
		Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Dated	November 20 2012
	November 2012. Signature of a member or authorized representative of a member Julie Kahn
	Signature of a member or authorized representative of a member Julie Kahn
	Typed or printed name of signee

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Filing Fee: \$25.00