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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIDNINE PRODUCTIONS LLC

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FAX COVER SHEET

ТО		
COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	
DATE	2010-08-11 10:57:49 PDT	
RE	FL SOS - LZ order # 8589583	

COVER MESSAGE

Tony Burroughs | Business Special Filing/501(c)(3) Specialist 323.962.8600 x862 Fax 323.337.0742|

tburroughs@legalzoom.com<mailto:tburroughs@legalzoom.com>www.legalzoom.com

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COVER LETTER

Division of	on Section Corporations		
SUBJECT: MIDN	NINE PRODUCTIONS LLC	2	
SUBJECT:		nited Liability Company)	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all con	respondence concerning this matte	r to the following:	
	Katherine DePangh	er	TALE 2015
		(Name of Person)	2019 AUG 1 SECRETAF TALLAHAS
	Legalzoom.com, Inc	o	
	, <u> </u>	(Firm/Company)	
	7083 Hollywood Blv		
		(Address)	13 E
	Los Angeles, CA 9	0028	υ· -
		(City/State and Zip Code)	
For further informat	ion concerning this matter, please	call:	
Katherine DeP	angher	at (323) 962-8600	
(N	lame of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check	for the following amount:		
\$25,00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	IAILING ADDRESS: egistration Section typision of Corporations	STREET/COURIER Registration Section Division of Corporatio	

P.O. Box 6327
Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: Page 4 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDNINE PRODUCTIONS LLC	,		
(Name of the Limited Liab	ility Company as it now appears on our rec da Limited Liability Company)	ords.)	
(A FIOT	da Limited Datoliny Company)	7.6	
The Andrew of Oursell stone County to the last telephone		and assigned	
The Articles of Organization for this Limited Liabilit	ry Company were filed on <u>02/03/2009</u>	and assigned	
Florida document number <u>L09000011090</u>	· ·		
		S3 -	
This amendment is submitted to amend the following	ny .	mo m	
Titts americancia is adomitted to amend the following	S .	明	
		52 9	
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the		austion "I I C" or the phose intion	
"L.L.C."	words Limited Liability Company, the desi	gradion LLC of the abbieviation	
B. If amending the registered agent and/or re		, enter the name of the new	
registered agent and/or the new registered office s	address here:		
•			
Name of New Registered Agent:			
Transport thew Registered Agests.			
New Registered Office Address:			
• • • • • • • • • • • • • • • • • • •	(Enter Florida street address)		
•	En	Tr1!.1_	
	(City)	orida(Zip Code)	
	10.68	(24 0020)	
New Registered Agent's Signature, if changing Regist			
	tered Agent:		
	tered Agent:		
I hereby accept the appointment as registered ag	ent and agree to act in this capacity. I fi	urther agree to comply with	
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope	ent and agree to act in this capacity. I fi r and complete performance of my dutie	s, and I am familiar with and	
the provisions of all statutes relative to the prope accept the obligations of my position as registere	ent and agree to act in this capacity. I fi r and complete performance of my dutie ed agent as provided for in Chapter 608,	es, and I am familiar with and F.S. Or, if this document is	
the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis	ent and agree to act in this capacity. I fi ir and complete performance of my dutie id agent as provided for in Chapter 608, stered office address, I hereby confirm th	es, and I am familiar with and F.S. Or, if this document is	
the provisions of all statutes relative to the prope accept the obligations of my position as registere	ent and agree to act in this capacity. I fi ir and complete performance of my dutie id agent as provided for in Chapter 608, stered office address, I hereby confirm th	es, and I am familiar with and F.S. Or, if this document is	

(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 Type of Action <u>Address</u> Title <u>Name</u> **∏** Add Jovel Garcia 1751 NW 75th Ave Apt 111 MGRM Remove Plantation, FL 33313. Add Remove □Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 3 08/11/10 Dated Signature of a member or authorized representative of a member Victor Garcia, Member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00