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SEP 1 2018

COVER LETTER

TO: Registration So Division of Co		,	·
SUBJECT:	CAM PR	Oductions Little Company	LC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Angel	Name of Person	5
	IT CAN	Productions Firm/Company	UC
	14608 h	lest DIXIE H	igh way
	Hersth T	Tiami FC, 3 City/State and Zip Code	3161
	i CAM produ E-mall address: (t	chin 5/1C/8 egn o be used for future annual report for fice	ail. Cam
For further information c	oncerning this matter, please ca	ill:	
Angelin	a Jambs	a(941) 465	5-3/63
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificat 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

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO9000365</u> 5	were filed on $\frac{3/5/18}{5}$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TECAM Production "LLC." TECAM Productions // C 14608 West Dixie Highway Howh Mignin FC, 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	I-CAM Productions IIC 3411 16th St. E Bladentin FC 34208
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Fling Sants ne Sants 3411 16th St. E.
Bonde	City Florida FC 34208 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.

I Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u> P <u>æside</u> nt	Sivenes Blane	Address 14608 West Dix & High Horth Mami FC, 33161	Type of Action Add
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	CAlvin Sebastian	257 34th AVE DE E Beadendin Fl 3/208	D III Demove
When 20	Linda Buckner	257 34th AUE DRE Bendenden FC 31208	_ □ Change _ □ Add _ □ Remove
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			_□ Add _□ Remove _□ Change

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