# 109000027512

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SECRETARY OF STATE
TALLAMASSEE, FLORIDA

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T. HAMPTON

## COVER LETTER

Division of Corp	orations		
SUBJECT:	MAGE Mutio	N Studios ited Liability Company	
			,
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
•		Č	
	ALEXAND	ER V. HALL Name of Person	
		Name of Person	
	TNAGE N	otion Studios	
		Firm/Company	
	208 Foxta	L DR. Apt. C.	2
•	GREENACRES		15
•	Alay A spans	City/State and Zip Code	
•	E-mail address: (1	V. Hall@GHAIL. CO	ication)
For further information co	oncerning this matter, please ca	all:	·
ALEXANDER	LV. HALL	at (407) 242	-9320
Name of		Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

TO:

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**

IMAGE	Mo tion	Studios	L.L.C	
(Name of the	Limited Liability	Company as it now ap	pears on our records.)	
	(A Florida I	imited Liability Compa	nv)	

The Articles of Organization for this Limited Liability Company	02/20/2009
	were filed on and assigned
Florida document number <u>L09000027512</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
IMAGE/MOTION LLC	AFE TO A
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.M.C."
Enter new principal offices address, if applicable:	To a M
(Principal office address MUST BE A STREET ADDRESS)	- 70
Enter new mailing address, if applicable:	P.O. Box 541801
(Mailing address MAY BE A POST OFFICE BOX)	GREENACRES, FL 33454
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the nev</u>
registered agent and/of the new registered office address nerv	<b>:</b> •
Name of New Registered Agent:	
Hame of Now Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	. Type of Action
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			□ Remove
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