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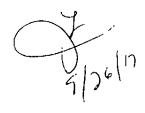
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## **COVER LETTER**

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SUBJECT:	compass a	ts production LLC					
SUBJECT		Name of Li	mited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please return	n all correspo	ondence concerning this matte	r to the following:				
		Jack d Hall					
			Name of Person				
		compass arts production	LLC				
		i	Firm/Company				
		1531 grandview blvd	Name of Limited Liability Company  Int and fee(s) are submitted for filing. Incerning this matter to the following:  Hall  Name of Person  ss arts production LLC  Firm/Company  grandview blvd  City/State and Zip Code  nee fl 34744  E-mail address: (to be used for future annual report notification)  this matter, please call:  at (407 ) 2976002  Area Code Daytime Telephone Number  g amount:  100 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificed Copy (additional copy is enclosed)  RESS: STREET/COURIER ADDRESS:				
			Address				
		1531 grandview blvd					
			City/State and Zip Code				
		kissimmee fl 34744					
			•	otification)			
For further i	nformation o	concerning this matter, please	call:				
youth chantara							
	Name o	f Person		me Telephone Number			
Enclosed is	a check for t	he following amount:					
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &			
(	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COUI Registration Section Division of Corp Clifton Building 2661 Executive Country	tion Porations Center Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Compass Arts Production LLC	
( <u>Name of the Limited Liability Compan</u> 	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v	were filed on 04132009 and assigned
Florida document number L09000035223	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	
1 megar office miness most barron control	1
	SE S
Enter new mailing address, if applicable:	王() 星 ()
Mailing address MAY BE A POST OFFICE BOX)	ORI 8
<u> </u>	02 P. 2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 7in 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if oth n effective date is listed te: If the date inser cument's effective d	d, the date must be ted in this block	ate of filing: e specific and ca c does not mee	nnot be prior to t the applicab	o date of filing o	or more than 90 c	_ (optiona lays after filir ents, this da	g.) Pursuant	to 605.0 e listed
record specifies he 90th day aft	a delayed e er the recor	ffective dat d is filed.	e, but not	an effectiv	e time, at 1	2:01 a.m	. on the	earlier
September 20	_		2017					
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Filing Fee: \$25.00