L0900088986

(Requestor's Name)				
(Address)				
(Address)				
(autor)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Casimoss Zinky Hame)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer				
Special Instructions to Filing Officer:				

Office Use Only



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06/20/11--01027--003 **25.00



COVER LETTER

TO: Registration Sect Division of Corpo		¹e	,	
SUBJECT: <i>Tro</i>	Name of Limited	Ctions LLC Liability Company	·	
The enclosed Articles of Ar	mendment and fee(s) are submit	tted for filing.		
Please return all correspond	dence concerning this matter to	the following:		
	Dana L.	Blakley Name of Person	· · · · · ·	
		Firm/Company		
	537 US	Hwy One	Suite 8	
	Worth Pa	Address Add	<u>110005.com</u>	
For further information concerning this matter, please call:				
Dana Bla Name of F	Kley Person	at (<u>561)</u> 7 <u>22 - 5.</u> Area Code & Daytime T	277 elephone 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**

すたとし SECRETARY OF STATE

11 JUN 20 PM 1:59

Training Productions LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Name of the Limited Liability Company as it now appears on our records.)
(A Frontia Elimited Elability Company)
The Articles of Organization for this Limited Liability Company were filed on 4/22/09 and assigned
• • •
Florida document number <u>L 0900003898</u> 6
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Gunshoe Prodyctions LLC
Gunshoe Prodyctions LLC The new name must be distinguishable and end with the words "Limited Liability 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)
(Frincipal office datress in UST 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 address on our records, enter the name of the new
registered agent and/or the new registered office address here:
N. CN. Declar, J.A. and
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
New Negatiered Agent 3 Signature, it engaging Negatiered 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 608, 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 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 = M MGRM =	Ianager ■ Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
**************************************			Add Remove
		· .	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If ame - - -	nding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	SECRETARY, OF DOR
—		~	CORPORATIONS
Dated	Dang Bla Signature of a me	mber or authorized representative of a member 3 1 a K 1 C y yped or printed pame of signee	
	- Juna L.	yped or printed pame of signee	

Page 2 of 2

Filing Fee: \$25.00