09000053326

(Re	questor's Name)	-
(Ad	dress)	_
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status.
Special Instructions to	Filing Officer:	
		İ

Office Use Only



600158527616

07/27/09--01027--008 **25.00

T. HAMPTON

JUL 2 8 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT:	SHIPSIDES F	PRODUCTIONS LLC	
501501			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
•	ANDREW SHIPSIDES			
			Name of Person	
		SHIPS	IDES PRODUCTIONS LL	С
			Firm/Company	
1 AVISTA CIRCLE				
Address				
		ST	AUGUSTINE, FL 32080	
	City/State and Zip Code			
		s	hipsides@gmail.com	
For fur	ther information (e-mail address: (concerning this matter, please o	to be used for future annual report not call:	incation)
	ANDR	EW SHIPSIDES	at (917)	326-1012
		of Person	Area Code & Dayti	me Telephone Number
Enclos	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHIPS (Name of the Limited I	IDES PRODUCTIONS LLO	Our records.)					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
The Articles of Organization for this Limited Liability Company were filed on6/0			_ and assigned				
Florida document numberL09000533	326						
This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to amend the follow.							
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LL/	C" or the abbreviation				
Enter new principal offices address, if applica	ble:		o 2				
(Principal office address MUST BE A STREET	ADDRESS)	·	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>		FILED STATE NO PETARY OF STATE N				
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:							
Name of New Registered Agent:	ANDREW SHIPSIDES		· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	1 AVISTA CIRCLE		·				
	Enter Florida street address						
	ST. AUGUSTINE	, Florida	32080				
	City		Zip Code				
New Registered Agent's Signature, if changing Re	egistered Agent:						

If Changing Registered Agent, Signature of New 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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ANDREW SHIPSIDES	1 AVISTA CIRCLE ST. AUGUSTINE, FL 32080	Add ☐ Remove
MGRM	KATIE SHIPSIDES	1 AVISTA CIRCLE ST. AUGUSTINE, FL 32080	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if nécessary	SECRETARY DIVISION OF CO
 Dated			PH 3: 51
<u></u>	Signature of a mea	mber or authorized representative of a member	
	т	Andrew Shipsides yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00