#L0900075308

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TAIL ANASSEM, FLORIDA



COVER LETTER

	stration Section ion of Corporations	
SUBJECT:	FUTURE FILMS, LLC	
	Name of Limited Liability Company	
•		
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return al	Il correspondence concerning this matter to the following:	
· .	SAMUEL CLOGAN	
	ivame of Person	
	FUTURE OF FILMS, LLC	,
•	Firm/Company	
	4032 RED ROCK LANE	
	Address	
	SARASOTA FL 34231	
	City/State and Zip Code	
	SEMKHOR @ @mail com	
•	E-mail address: (to be used for future annual report notification)	
For further info	ormation concerning this matter, please call:	
DAVI	D SHAPIRO at 914 874-5516	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a ch	heck for the following amount:	
\$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
		,

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

ARTICLES O	F ORGANIZATION	Ell -
	OF	FILED 11 FEB 14 PM 3: 08
		'''
FUTURE FILMS	ompany as it now appears on our records. iited Liability Company)	SECRETARY OF STATE FLORIDA
(Name of the Limited Liability Co	ompany as it now appears on our records.	STEEL STATE
		LURIDA
The Articles of Organization for this Limited Liability Com	npany were filed on $09/05/2009$	and assigned
lorida document number <u>L0900075308</u> .		
This amendment is submitted to amend the following:	·	
,		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	,
FUTURE OF FIL	MS. LLC	
he new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the designation	on "LLC" or the abbreviation
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
•		
'nter new mailing address if applicable:		•
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		•
•		
		er the name of the new
egistered agent and/or the new registered office address	s nere.	•
·		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	F31. • 1	_
	Florids	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ed office address on our records, <u>ent</u> s here:	er the name of the nev

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 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 = Manager

MGRM = Managing Member Title **Type of Action** <u>Name</u> Address ☐ Add Remove ☐ Add Remove _ Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEBRUARY Dated Signature of a member of authorized representative of a member SHAPIRO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00