## L09000087755

(Requestor's Name)				
(Address)				
(Address)				
( 100.000)				
(Cib.)(Chala / Zia / Dhana 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Constitution to Siling Officer				
Special Instructions to Filing Officer:				





100162196681

10/28/09--01008--005 \*\*25.00

09 OCT 28 AM 10: (

FILED
SECHETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

OCT 3 0 2009

**EXAMINER** 

## **COVER LETTER**

Division of Co					
SUBJECT: Wa	Heha Movie 1 Name of Lim	13Ke 3 Difference ited Liability Company	e L.L.C.		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		2.0	
Please return all correspondence concerning this matter to the following:					
	Wood	Name of Person  Maric Make a Diff Firm/Company	Erance LLC	09 OCT 28 AM 10: OU	
	12864 Bis	coune Blvd. Surle #	+416		
	Miami	City/State and Zip Code			
	Gramic E-mail address: (	ci 6 @ y 3 hop. Com to be used for future annual report notifica	tion)		
For further information	concerning this matter, please of	•			
Woody V	O. Gracia of Person	at ( <u>306)</u> 216-52 Area Code & Daytime T	206 Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is		

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

Watch a Movi	e, Moke = Difference = 300
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	· · · · · · · · · · · · · · · · · · ·
Florida document number	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	PRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 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 Name **Address** Jonathan R. Scott MGRM Harnels Michell 12864 Biocoyne Blud Sink 416 Mismi FL 33181 MGRM Remove Remove □ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10-23-09 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00