

LO9 000115783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

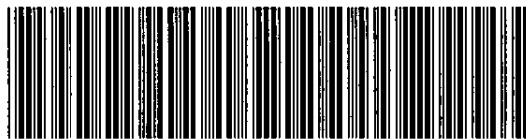
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100163675331

01/08/10--01028--002 \*\*25.00

FILED  
2010 JAN -8 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN 11 2010

EXAMINER

January 6, 2010

Subject: Amendment for AM Conspiracy Productions LLC.

To Whom It May Concern:

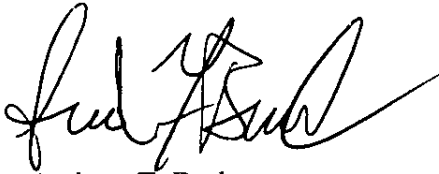
In accordance to your guidelines included in the enclosed completed form "CR2E049," I am requesting you send a letter of acknowledgement to the following address:

Andrew T. Burke  
1370 Blue Spruce Court  
Winter Springs, FL 32708  
407-765-0248

All inquiries pertaining to this amendment should be directed to and addressed by Mr. Burke since he is an authorized representative of AM Conspiracy Productions, LLC.

Thank you for your time.

Sincerely,



Andrew T. Burke  
AM Conspiracy Productions, LLC.  
1370 Blue Spruce Court  
Winter Springs, FL 32708

FILED  
2010 JAN -8 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AM CONSPIRACY PRODUCTIONS  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW BURKE

Name of Person

Firm/Company

1370 BLUE SPRUCE COURT

Address

WINTER SPRING, FL 32708

City/State and Zip Code

dreu@amconspiracy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW BURKE

Name of Person

at (407) 265-0248

Area Code & Daytime Telephone 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

2010 JAN -8 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AM CONSPIRACY PRODUCTIONS

(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 on 12/04/09 and assigned  
Florida document number L09000115783

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

**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:**

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:**

*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	Name	Address	Type of Action
MGRM	Andrew T. Burke	1370 Blue Spruce Court Winter Springs FL 32708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated January 6, 2010

  
 Signature of a member or authorized representative of a member  
 Andrew Burke (Authorized Representative)  
 Typed or printed name of signee