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T. CLINE
DEC - 2 2010
EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo		•
SUBJECT:	Name of Limited Liability Company	
	Name of Emmed Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
	·	
	Sarah Pershina	
	Name of Person	
the control of the co	·	The second of th
	Firm/Company	
	0 - 0	
	P.O. Box 990021	T. 28
	Address	2810 DEC SECRETA
	Naoles FL 34116	AHAZ EC
	City/State and Zip Code	91 70 V
	- /, / - · · · · · · · · · · · · · · · · · ·	on To
	E-mail address: (to be used for future annual report notification)	5
For further information con	cerning this matter, please call:	
Sorah	Pershina 11(239) 595-6176	,
Name of P	<u> </u>	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	-	660.00 Filing Fee,
72	Certificate of Status Certified Copy	Certificate of Status &
	(additional copy is enclosed)	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

Prinzzess Produc	etions		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 10000024107</u> .	were filed on Mar 03 2010	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	i <u>lity company here</u> :		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	- 	> S = = = = = = = = = = = = = = = = = =	
Enter new mailing address, if applicable:	PD. Box 990021	DEC -1 A	
(Mailing address MAY BE A POST OFFICE BOX)	Naples ,FL 34116	ESIME 5	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	lress	
	. 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 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 **Address Type of Action** <u>Title</u> **Name** MGRM Chariot Pershing Remove Hannah Pershing MGRM ☐ Add ☑ Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) supposed to be members only not managing members. This amendment is to correct this. Dated 11-22-2010 Signature of a member or authorized representative of a member Surah Pershing
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00