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| Special Instructions to Filing Officer: | | | | |
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Office Use Only

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EXAMINER



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05/27/10--01011--022 **25.00

10 MAY 28 PH 3: 1

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Coldbit Studios, LLC 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: | |
| Alan Bowman Name of Person | |
| Coldnit Studios, LLC Firm/Company | |
| 2532 Antlia Dr. Address | |
| Orlando, FL 32828 City/State and Zip Code alan. Downan @ cold bit studios. Com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Alan Bowman at (32)) (g(3-3794) Name of Person Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S10.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addition | |

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

TO ARTICLES OF ORGANIZATION OF

| Coldbit Studios | / Company as it now appears on | our moords | |
|--|--|-----------------------|---|
| (A Florida | Limited Liability Company) | our recorus.) | |
| The Articles of Organization for this Limited Liability (| Company were filed on $5-4$ | <i>-10</i> a | nd assigned |
| Florida document number <u>L10000047461</u> | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | | |
| The new name must be distinguishable and end with the wo "L.L.C." | ords "Limited Liability Company," | the designation "LLC" | or the abbreviation |
| Enter new principal offices address, if applicable: | | | <u>,</u> |
| Principal office address MUST BE A STREET ADDI | RESS) | | 3 Sg |
| | | | A STORY |
| | " ''' '' '' '' '' '' '' '' '' ' | | 28 St. 1 |
| Enter new mailing address, if applicable: | | | v |
| (Mailing address MAY BE A POST OFFICE BOX) | | | ا الله الله الله الله الله الله الله ال |
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| | <u> </u> | • | <u>)</u> |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | records, enter the n | ame of the nev |
| | | | |
| Name of New Registered Agent: | | | <u></u> |
| New Registered Office Address: | | | |
| | Enter F | lorida street address | |
| | | , Florida | |
| | City | Zij | o 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.

| GR = Manager GRM = Managing Member | | | | | |
|---------------------------------------|--------------------------------------|---|---|--|--|
| <u>tle</u> | <u>Name</u> | Address | Type of Action | | |
| GRM | Dayne Bratsman | 433 San Carlo Pd. | Add Remove | | |
| | | Davenport, FL 33896 | | | |
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| If amend | ling any other information, enter ch | ange(s) here: (Attach additional sheets, if neces | sary.) | | |
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Filing Fee: \$25.00