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(Requestor's Name)					
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EXAMINER

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COVER LETTER

ŦÓ:	Registration Se Division of Corp			
SUBJE	CT:	Cris Cab I	Prodcutions, LLC	
00 DU L			ited Liability Company	·····
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
M			Madelin Alfonso	
			Name of Person	
			CFH Group, LLC Firm/Company	
			rith/Company	
		38	50 Bird Road, 8th Floor	
			Address	
			Miami, Florida 33146	
			City/State and Zip Code	
		E-mail address: (brerizo@cfhgroup.com to be used for future annual report not	lification)
For furt	her information co	oncerning this matter, please c	all:	
		ard Kantrowitz	at (305)	779.8056
	Name of	Person	Area Code & Dayti	me Telephone Number
Enclose	d is a check for th	e following amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive O Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cris	Cab Productions, LLC	<u>,</u>	<u>.</u>
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appea orida Limited Liability Company)	irs on our records.)	
(
The Articles of Organization for this Limited Liab	ility Company were filed on	May 24, 2010	and assigned
Florida document numberL1000005563	39		
	<u></u> ,		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	re:	
-	Cris Cab, LLC	_	
The new name must be distinguishable and end with t		yeny " the decignation "I I	C" or the abbreviation
"L.L.C."	ne words Emilied Elability Comp	any, the designation be	C of the appreviation
Enter new principal offices address, if applicable			
(<u>Principal office address MUST BE A STREET A</u>	ADDRESS)		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
maning address mill be hir ost of fice bo			
			
B. If amending the registered agent and/or	registered office address on	our records onter th	a name of the name
registered agent and/or the new registered office		our records, enter th	e name of the new
			
Name of New Desistered Assets			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
-	City	, 1 1011da	Zip Code
New Registered Agent's Signature, if changing Reg	, de	rea	
	iore du l'igenie	J. see	
hereby accept the appointment as registered a	gent and agree to act in this c	apacity. I further agre	
the provisions of all statutes relative to the prop			
accept the obligations of my position as register			
being filed to merely reflect a change in the reg			- 1 31
company has been notified in writing of this cha	ange.	ŭin : Zelo	> 💆

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	<u> </u>		Add
			Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
			_
Dated	January 20 1%	Dox 1	
		mber of authorized representative of a member Howard A. Kantrowitz	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00