L10000077684

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(Requestor's Name)		
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF SHALE:

COVER LETTER

Division of Corporations			
SUBJECT:	360 Film	6 LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	DONALD	FAYSON Name of Person	
•		_Ms LLC Firm/Company	
		LENIA BLUD SUITE IT	2010 NOV 15 PH 12: 48 SEGRE TARY OF STATE TALL AHASSEEF FLORIDA
			SEE SY C
	ORLANDO	City/State and Zip Code	
	2	City/State and Zip Code	RIE
	E-mail address: (t	UE 36DENTERTAINMENTO o be used for future annual report notificat	OBP. COM \$10 60
For further information con	cerning this matter, please c		,
DONALD FRY	Son	at (407) 591-2649 Area Code & Daytime T	4
Name of P	erson	Area Code & Daytime T	elephone 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)
MAILIN	G ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 FILMS LLC		
(<u>Name of the Limited Liability Comr</u> (A Florida Limited	oany as it now appears on our record I Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 10000077686</u>	ny were filed on <u>7 - 23 - 20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lir" "L.L.C."	mited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		Ž. »
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ON 15 PM 12 48 TASSEE FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	, Floric	Ia 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 **Title** Name Address **Type of Action** Kimberly Heath-Carrico MGRM Remove ☐ Add ☐ Remove ☐ Add Remove Remove Add Remove * D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated__ 11 - 8 - 2010 Signature of a member or authorized representative of a member

Page 2 of

DONALD FRYSON

Filing Fee: \$25.00

Typed or printed name of signee