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(Requestor's Name)				
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(Cit. (Ctata (7) in 17) have 40				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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C. LEWIS

JUN - 6 2012

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo		e or	*
CUDU	ECT.	Ovilius C	Consulting, LLC	
SUBJ	ECT:		ed Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
	Aaron Shepherd			
			Name of Person	
			Ovilius, LLC	
			Firm/Company	
51		5150 Ta	miami Trail North, Suite 700)
			Address	
			Naples, FL 34103	
			City/State and Zip Code	
aal F-mail addres:			n.shepherd@ovistudios.com o be used for future annual report notific	action)
For fu	rther information cor	ncerning this matter, please co		,
Aaron Shepherd			213-9309	
	Name of I	erson	Area Code & Daytime	Telephone Number
Enclos	sed is a check for the	following amount:		
\$2.	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUN-5 PM 1: 19

SECONDARY OF STATE

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0	vilius Consulting, LLC	s on our records.)
(Name of the Limited L (A.F.	iability Company as it now appear lorida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lial	bility Company were filed on	October 6, 2010 and assigned
Florida document numberL100001045	551	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company her	2:
_	Ovilius Studios, LLC	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o ce address here:	ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er 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 **Type of Action** Title Address Name | ☐ Add Remove ☐ Add Remove ☐ Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 31 Dated Signature of a member of authorized representative of a member Aaron Shepherd, Managing Member of Ovilius, LLC, Sole Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00