

L10000108228

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(Cit	y/State/Zip/Phone	e #)
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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	lce-Olated	Productions, LLC	
JUDUL			nited Liability Company	
		f Amendment and fee(s) are su condence concerning this matte	•	10 MON 29 MM 10: 30
			36	
		lce	Name of Person Olated Productions, LLC	J
			Firm/Company	
			Address	
			Tallahassee City/State and Zip Code	
		a Empil address.	debajere@gmail.com	
For furt	her information	concerning this matter, please of	•	anonj
		ewale Bajere	#- \/	21-4683
	Name	of Person	Area Code & Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ice-Olated Productions, LLC



(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL10000108228	were filed on10/18/10 and assigned
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liab	ility company here:
Isolated Produ	ctions, LLC
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	502 South Ride
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee, FL 32303
	502 Courth Dide
Enter new mailing address, if applicable:	502 South Ride
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL 32303
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Plavida

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.

City

Zip Code

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

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
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			Remove
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			Add Remove
			Add
			Remove
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Page 2 of 2

Filing Fee: \$25.00