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| (Re | questor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Adi | uress) | | | |
| (Ad- | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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T. CLINE

OCT 28 2010

EXAMINER

TO OCT 27 AH II: 30
SECRETARY OF STATE

COVER LETTER

| TO: Registration S Division of Co | Section orporations | | |
|-----------------------------------|---|--|---|
| SUBJECT: | S.H.I.R. PRODUCTIONS, LLC | | |
| | | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are su | abmitted for filing. | |
| Please return all corresp | oondence concerning this matte | er to the following: | |
| | DIPAK K. PATIDAR Name of Person | | · , |
| | | | |
| | DIPAK K. PATIDAR, CPA, P.A. Firm/Company | | <u> </u> |
| | | | |
| | 2900 N A1A HWY Address | | |
| | | Humos | |
| | | NDIALANTIC, FL 32903 City/State and Zip Code | TAEC SEC |
| | SPA | ATEL681@GMAIL.COM | 空 コ コ |
| | E-mail address: | (to be used for future annual report notification) | FILED OCT 27 M ETARY OF S AHASSEE, F |
| For further information | concerning this matter, please | call: | OF S. |
| | AK K. PATIDAR | at (321) 302-18 | |
| Name | of Person | Area Code & Daytime Telephor | ne Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | ☐\$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Scriffed Copy (additional copy is enclosed) | 660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Regis Divis P.O. | stration Section ion of Corporations Box 6327 hassee, FL 32314 | STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| S.H.I.R. PROD | DUCTIONS, I | LLC |
|---|--|---|
| (<u>Name of the Limited Liability Com</u> (A Florida Limited | pany as it now app d Liability Company | ears on our records.) y) |
| The Articles of Organization for this Limited Liability Compa | ny were filed on _ | October 19, 2010 and assigned |
| Florida document numberL1000108997 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company l | here: |
| S.H.R.I. PROD | UCTIONS, LLC | |
| The new name must be distinguishable and end with the words "Li" L.L.C." | mited Liability Con | npany," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | ALC: |
| Enton non malling aldress if a altrable | | FILE COLOR OF ANASSEE. |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 200 ATE 30 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address or ere: | n our records, <u>enter the name of the nev</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | F. (, , , , ,) |
| | | Enter Florida street address |
| | <u> </u> | , 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR≐M MGRM= | anager Managing Member | | |
|----------------|------------------------------|---|---|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add |
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| | | | Remove |
| D. If amer | nding any other information, | enter change(s) here: (Attach additional shee | ets, if necessary.). |
| | | | |
| | | - | |
| | | | |
| Dated | October 19 | , 2010 | |
| | V | of mamber or authorized consequents in a Comme | |
| | Signature | of a member or authorized representative of a me SATYAN PATEL, MGR | initier . |
| | | Typed or printed name of signee | · · · · · · · · · · · · · · · · · · · |

Page 2 of 2

Filing Fee: \$25.00