## L10000/10024

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Do	cument Number)			
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10 NOV - 1 PH 2: 45
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

J. BRYAN
NOV -2 2010
EXAMINER

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	APRICORN40 FI	Ins. LLC	,
	Name of Lim	ited Liability Company	<del></del>
			,
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
	LORENZO	PINKS TON II Name of Person	78 5 <b>10</b>
	CAPKICOKN4	10 Films, LLC Firm/Company	CRETARY LAHASS
	424 E. Ce	WHRAI Blud. #5	Wef State
	Onlando, 1	F/ 32801 City/State and Zip Code	
	ORlando, 7  CAPRICORN E-mail address: (1)	City/State and Zip Code  40 @MSW. CoM  to be used for future annual report notifica	tion)
For further information	concerning this matter, please c		•
LORENZO +	PINKS TON IZ	at ( <u>407</u> ) <u>319-419</u> Area Code & Daytime T	Selephone 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)
MAI	LINC ADDDECC.	STDEET/COUDIE	ADDRESS.

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

APRICORN 40 Fr.	Ms. 11C		
(Name of the Limited Liabil (A Florid	ity Company as it now appears of a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability		21-2010 and assigned	
Florida document number	<u>14</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
CAPRICORN 40 Media GROUP	LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company	"the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:	,		
(Principal office address MUST BE A STREET ADL	DRESS)		
	· · · · · · · · · · · · · · · · · · ·	P 60 =	
·	•	CRI LAI	
Enter new mailing address, if applicable:		TAS Y	
(Mailing address MAY BE A POST OFFICE BOX)		SEI	
		ORA P. D	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		~~ ~~ <del>~~</del>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Edmond, NASIA M.	37 North ORANGE AVE.	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
		ange(s) here: (Attach additional sheets, if necess	10 NOV -1 PH 2:45  SECRETARY OF STATE  ALLAMASSEE, FLORIDA
Dated <u>Octo</u> _ _	Signature of a mem	nber or authorized representative of a member  TON The ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00