

L10000120938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

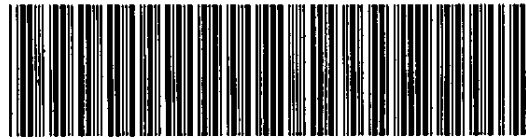
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT - 1 2013
A. LUNY

Office Use Only



700249823017

2013 SEP 27 PM 11:11
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED

09/27/13--01006--009 **60.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKY RIVER FILMS, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONTE YOUNG
Name of Person

SKY RIVER FILMS, LLC
Firm/Company

124 PLAYA KIENTA
Address

PALM BEACH GARDENS, FL 33418
City/State and Zip Code

MONTE_YOUNG@MAC.COM
E-mail address:(to be used for future annual report notification)

2013 SEP 27 PM 19:12
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

For further information concerning this matter, please call:

MONTE YOUNG at (561) 301 9600
Name of Person Area Code & Daytime Telephone 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)

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

2

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SKY RIVER FILMS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOV. 22, 2010 and assigned Florida document number L10000120938.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2010 SEP 27 PM 1:2
CLERK OF THE STATE
OFFICE OF THE CLERK OF THE STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

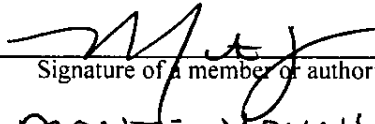
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	LIU XIAODIAN	Building 101 JIANCAICHENG ZHONGLU ST.	<input type="checkbox"/> Add
		NO. 1 JIANCAICHENG ZHONGLU RD.	<input checked="" type="checkbox"/> Remove
		BEIJING, HAIIDIAN, CHINA 100096	
MGRM	XIAODI WU	63-96 ALDEXTON ST.	<input type="checkbox"/> Add
		REGO PARK, NY 11374	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 SEP 27 PM 12:12
 MILANASSEE, NY
 LEED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated SEPTEMBER 23RD, 2013.



Signature of a member or authorized representative of a member

MONTE YOUNG

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 27 PM 12:12

FILED