L110000008878

(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:

Office Use Only



100199468611

03/28/11--01058--014 **25.00 -- 9

TILL IN IN II: 12

11 MAR 28 AM II: 12

SEUNG BARGE OF STATE
FAIL AN ASSEE, FLORID

B. BOSTICK
MAR 2 9 2011
EXAMINER

COVER LETTER

TO:	Registration Sectorial Division of Corporate C					
SUBJE	ECT:	STC	RIES, LLC			
			ted Liability Company		_	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
			MANDI MILKS			
			Name of Person			
		INNOVATIVE	STRATEGIC PARTI	NERS, LLC		
		Firm/Company				
		189 S. ORANGE AVE, STE 1700				
		Address			_	
		c				
		ORLANDO, FL 32801 City/State and Zip Code				
MMVE			ERTICAL@GMAIL.CO			
		E-mail address: (t	o be used for future annual repo	rt notification)	AHZ AHZ	S S S
For fur	ther information cor	ncerning this matter, please c	all:		SSE	MAN TO STATE OF THE PARTY OF TH
	MAN	NDI MILKS	at (_407_)	224-6158		
	Name of I	Person	Area Code &	224-6158 Daytime Telephone Num	TATE DRIDA	J
Enclose	ed 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 en	Certifi oclosed) Certif	Filing Fee, icate of Statu ied Copy ional copy is	
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 ee, FL 32314	Registration Division of Clifton Build	Corporations	:	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S	TORIES, LLC		·		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Florida document number L11000008878	Company were filed on	1/21/2011	and assigned		
Florida document number <u>L11000008878</u>	'				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADE	ORESS)				
		A C	2 2.		
Enter new mailing address, if applicable:		AS 2	N nema		
(Mailing address MAY BE A POST OFFICE BOX)		- این سانت دری	CO (1000)		
		,			
		유호	**		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter (</u>	ie name of the new		
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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** POSSIBILITY PICTURES 1, LLC 189 S. ORANGE AVE MGR ∐ Add ORLANDO, FL 32801 PARTNERS, LLC MGR 189 S. ORANGE AVE √ Add **SUITE 1700** ☐ Remove ORLANDO, FL 32801 Add ☐ Remove ∏ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) MARCH 24 2011 Dated ____ Signature of a member or authorized representative of a member AYSON STRINGFELLOW Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00