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SECRETARY OF STATE
LANASSEE FOR

UAN 17 2013. D. BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Blue motion Productions, LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submitfiling.	tted for	
Please return all correspondence concerning this matter to:		
Quana Uu (Contact Person)		
Bluemotion Productions, LLC. (Firm/Company)		
7033 Stapoint Ct. Suite 1	2013 JAN 16 PH 12: 1 SECRETARY OF STA CLLAHASSEE FLC	<b>2</b>
Winter Park FL 32792 (City/State and Zip Code)	6 PM 12: 05 RY OF STATE SEE FLC	100 C
For further information concerning this matter, please call:	05 AIE	٠,
Quang Uu at (904) 962-0963 (Area Code & Daytime Telephone Numb	per)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\sumset\$ \$\\$\\$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: MAILING ADDRESS:		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluemo	tion Pi	oduction	ms Ll	$\subset$		
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appea ability Company)	rs on our records.	,		
The Articles of Organization for this Limited Li Florida document numberL_ILOO_CO_	ability Company	were filed on	1/28/20	<u>) /                                   </u>	assigned	d
This amendment is submitted to amend the follo	owing:				•	
A. If amending name, <u>enter the new name of</u> Blue motion	2 Studi	ios LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ed Liability Comp	any," the designatio	n "LLC" or the	e abbre	viation
Enter new principal offices address, if applic	able:	<del> </del>			20:	
(Principal office address MUST BE A STREE	T ADDRESS)				- 도 <u>-</u>	
Enter new mailing address, if applicable:				HASSEE A	AN 16 PH	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			SIATE	12: 05	
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, <u>ent</u>	er the name	of the	e new
Name of New Registered Agent:	Qua	ng Du				
New Registered Office Address:	<u> 7033</u>	Stape	oint H	Suite.	4_	
	Winte,	City E	nter Florida street , Florids	20-	)92 ode	<u> </u>

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 = Manager MGRM = Managing Member <u>Title</u> **Name** <u>Address</u> **Type of Action** Chris Favis 1653 Shallcross Ave. Add Orlando FV 32828 X Remove Remove Remove Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	***************************************	
Dated $\underline{X}$	1/10/2013 ,	
	x / n = " gr gr/v	
	Signature of a member or authorized representative of a member	
	* CHRIS FAVIS Quana Un	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00

2018 JAN 16 PHI2: 06