

(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

G. MCLEOD

JUN 3 0 2011

**EXAMINER** 



100209413561

06/29/11--01023--010 \*\*25.00

1 JUN 29 AM II: 24

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mini - Movie Studios 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:
Berna Panono Name of Person
Firm/Company
185 SW 7+4 ST #1402 Address
City/State and Zip Code  Deanovision emac.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (54) 302-2376  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$ Certified Copy \text{(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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mini-Movie	Studios, LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{9/27}{}$	/
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		29
Enter new mailing address, if applicable:		A = m
(Mailing address MAY BE A POST OFFICE BOX)		Po E C
	<del></del>	2
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	, Fl	orida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Walter Wojton	1504 Bay Road #270 Miami Beath, FU	7 Add ☐ Remove
		33/39	Add Remove
			Add Remove
			Add
			Remove  Add
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	Remove
			_
<del></del>			_ _
Dated	June 28.11	•	_
		r or authorized representative of a member	<del>.</del>
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00