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COVER LETTER

	egistration Secti- ivision of Corpo			
SUBJECT	:Words	in Motion Pro	ductions, LLC	
	\ \frac{1}{2} \cdot \cdo		ted Liability Company	
The enclos	sed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspond	ence concerning this matter	to the following:	
		Olaf J. Silv	a. Name of Person	
			Name of Person	
		Words in Mot	ion Productions, LLC	
			Firm/Company	
		675 Keeneland	d Pike	
			Address	
		Lake Mary, F	lorid e. 32746	
	. صد		City/State and Zip Code	
	Sign	F-mail address: (i	to be used for future annual report notifica	tion
For further	information cond	cerning this matter, please of	•	uony
01	af Silva		ar (407) 324 0205	
	Name of Pe	erson	at (407) 324 – 0295 Area Code & Daytime T	elephone Number
Enclosed is	s a check for the f	ollowing amount:		
▼\$25.00	Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
;	Registratio	f Corporations	STREET/COURIER Registration Section Division of Corporation	
		e, FL 32314	Clifton Building 2661 Executive Cente	r Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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....

To them their specific property

WORDS IN MOTION PRODUCTIONS, LL TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 04/28/20	// and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		- control of the first of the f
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		·
New Registered Office Address.	Enter Florida street address	
	City , Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•
•		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compa		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Olaf J. Silva	675 Keeneland Pike Lake Mary, FL 32746	Add Remove
MGRM-	- Sonia C. Silva	675 Keeneland Pike Lake Mary, FL 32746	✓ Add Remove
MGRM	Yvan J. Silva	10 Fox Chase Bloomfield Hills MT 4830	Add 1 Remove
			Add Remove
			Add Remove
 			Add Remove
D. If an	nending any other information, en	ter change(s) here: (Attach additional sheets, if necessa	ry.)
			FI AUG SECRETA
Dated	07-29-2011	Jacalilus -	ILED -2 AM 9: -2 FORTATI SSEE, FLORI
	Signature o	f a member or authorized representative of a member Olaf J. Silva	52 D A
		Olaf J. Silva Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00