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C. GOLDEN FEB 2 7 2019

COVER LETTER

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

FILED

Lethal Mind F	roductions LC	2019 FEB 22 PM 5: 33
Gyanie of the Limited	transitive combany as it now appears on our	
The Articles of Organization for this Limited Liab	oility Company were filed on <u>06/</u>	03/ <u>8011</u> and assigned
Florida document number <u>L11000065</u>	389	/
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
Lens Life Productions	LLC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	on "E.E.C" or the abbreviation "E.E.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	_
Parameter and the state of a section below		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida strev	Laddress
		, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
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an effective date fote: If the da		st be specific and ca lock does not med	annot be prior to o et the applicabl		e than 90 days after	onal) filing.) Pursuant to 605 s date will not be list	
	ecifies a delayed lay after the rec		te, but not a	in effective tir	ne, at 12:01 a	a.m. on the earli	er of:
ated $\frac{2/1}{2}$	<u>a/19</u> M						
	- Yht	Signature of a me	mber or authoriz	ed representative o	La member		
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Page 3 of 3

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