# L11000094334

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SECRETARY OF STATE

B. BOSTICK

JUL 11 2013

**EXAMINER** 

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHRIBECT

# OnCommand 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:

Ross	s Bleustein				
<del></del> .	Name of Pe	rson			
<del></del>	Firm/Comp	any			
7820	NW 56th Stree	et			
-	Address				
Mian	ni, Florida 3316	6	Z.	2	
ross@a	City/State and Z atlasaerospace.com	ip Code	SECRE	2813 JUL	77
<del></del>	E-mail address: (to be used for future	e annual report notification)	SS	017	
For further information concerning this	matter, please call:				; `) <b>`</b> [
Ross Bleustein	305	717-9951		HH	ر ا
Name of Person		rea Code & Daytime Telephone Number	<b>表</b> 語	AM 11: 4.1	
Enclosed is a check for the following a	mount:				

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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**

SECRETARY SI	2013 JUL 10	
	AH III	, i

### OnCommand Studios LLC

( <u>Name of the Limite</u> )	i Liability Comp A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited I Florida document number L1100009433	Liability Compan		and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
Trans500 Studios LLC			
The new name must be distinguishable and end w "L.L.C."	th the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE)	ET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and, registered agent and/or the new registered of New Pagistered Agents	or registered of office address he	office address on our records, <u>enter</u> re:	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street aa	ldress
		, 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, 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>Address</u> Type of Action <u>Title</u> <u>Name</u> Add Remove Remove

Remove

amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	for Release
_	Signature of a member or authorized/representative of a member  OS PUSTON  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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