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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

N. Culligan JUL 23 2013

COVER LETTER

TO: **Registration Section Division of Corporations**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 JUL 22 PM 1: 52 SECRETARY OF STATE TALEAHASSEE, FLORIDA

Actual heroiceonce Pointe LLC

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

(A Florida Limited Liability Company)

(A FI	orida Limited Liability Company)	
The Articles of Organization for this Limited Liab. Florida document number LIIOO 14309	• •	more 21,000 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Actor Total LLC The new name must be distinguishable and end with the	Astor Int	OWN
The new name must be distinguishable and end with the L.L.C."	he words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
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		records, enter the name of the new
Name of New Registered Agent:	·	
New Registered Office Address:	····	
	Enter	Florida street address
-		, Florida
	Citv	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, <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 **Type of Action Title** <u>Address</u> **Name** 2401 8. Boyshou De MGR Suite 1800 410mi, FL 33133. totoe Development: 2001 3. Boyetrous De. MGRM Suite 1800 410mi, FL 33133

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 **Type of Action** <u>Address</u> **Title Name** MGR 2401 6. Boyshou De Suite 1800 410mi, FL 33133. Aetre Development: 2001 B. Boyenous Dr. MARM Suite 1800 Hiomi, FL 33133. Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	July 10, 2013.
	Signature of a member or authorized representative of a member
	Petr Toppes Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

MIN JUL 22 PM 1: 52