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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 18 MAY 31 PM 2: 30 N COOPER JUN 01 2018 COVER LETTER

TO:	<b>Registration Section</b>
	Division of Corporations

SUBJECT: \_

## Filmscape 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:



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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF		
FILMSCAPE LLC ( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Horida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on05/15/2018 Florida document numberL12000016745	_ and as	signed
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	riation "L	.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	18	I VID
	HA	4013
	 చ	321
Parkan manyan dilam yang sa terseti sula.		
Enter new mailing address, if applicable:	— <b>x</b> -	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>N</u>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uddress
. <u></u>		_, Florida
	Cirv	Zin 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 or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	Edward D Bradley	14030 Evening Sky PL. Orlando, FL 32828	🗆 Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 10

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2018

Signature of a member or Athorized representative of a member

Carl Isaac Jr Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00