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D. BRUCE
JUN 0 8 2012
EXAMINER

NO 2ND TAKES STUDIOS LLC. SUBJECT: 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: Derrick M Reves Name of Person NO 2ND TAKES STUDIOS LLC. Firm/Company 9478 NW 13th Street Address **MIAMI FL 33172 US** City/State and Zip Code info@no2ndtakes.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Derrick Reves** 200-4000 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$55.00 Filing Fee & **7\$60.00** Filing Fee, \$25.00 Filing Fee \$30.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

**Registration Section** 

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

## TO ARTICLES OF ORGANIZATION OF

NO 21 (Name of the Limited I	ND TAKES STUDIOS LLO	s on our records.)
(A)	Liability Company as it now appears Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on	02/06/2012 and assigned
Florida document numberL120000176	019	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here	: -
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	ACEC JE
Principal office address MUST BE A STREET	(ADDRESS)	ACT A STATE OF THE
		PA 2: L
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	>
B. If amending the registered agent and/o registered agent and/or the new registered off	-	ur records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Ente	er Florida street address
		, 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

## or managing member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Name Address **Type of Action** 16392 SEGOVIA CIR NORTH PEMBROKE PINES, FL 33331 **MGRM DERRICK M REYES** ✓ Add ☐ Remove Remove Add 🔲 ☐ Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) May 23, Dated \_\_ 2012 . Signature of a member of authorized representative of a member DERRICK M REYES
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00