(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	
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**EXAMINER** 



900241479609

11/28/12--01011--019 \*\*30.00

TO: Registration Division of C			
Ghost	Writerz Productions, LLC		
SUBJECT.	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Carlos A. Rivero		
		Name of Person	
		Firm/Company	
	8635 NW 8th Street	Apt.111	
		Address	
	Miami, FL 33141		
	riveroca@ymail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notificat	ion)
For further information	concerning this matter, please ca	all:	
Carlos A. Rivero		305 767-0202	
Namo	of Person	at (	elephone Number
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

# TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Charles Nicholas Pictures, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		12 <b>12 1</b>
(Principal office address MUST BE A STREET ADL	DRESS)	OV 28
Enter new mailing address, if applicable:		PH 2:
(Mailing address MAY BE A POST OFFICE BOX)		€E 5
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:	istered office address on our records, ldress here:	enter the name of the ne
New Registered Office Address:	Entero El esta de	
	Enter Florida Sti	d Liability Company," the designation "LLC" or the abbreviation    Company here:   Company,   Company,   Company   C
	, Flor	rida Zip Code
	Cuy	zip Coae

New Registered Agent's Signature, if changing Registered Agent:

Ghost Writerz Productions, LLC.

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.

# or wanaging wiemper being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGRM	Carlos A. Rivero	1780 79th St Cswy c306	Add
		North Bay Village, FL 33141	Remove
MGRM	Nicholas S. Katzenbach	1780 79th St Cswy c306	Add
		North Bay Village, FL 33141	Remove
VP	Dayro Delgado	1780 79th St Cswy c306	Add
		North Bay Village, FL 33141	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

	ation, enter change(s) here: (Attach additional sheets, if necessary, vero's titles of President.	,
• •		
November 20	2012	···-
Ψ		
	A comparison of a mamber	
Carlos A. Rivero	gnature a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00