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EXAMINER

## **COVER LETTER**

A ...

TO:	Registration Se Division of Cor				
er:bre		i Project LLC			
SUBJE	C1:	Name of Lim	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Frank Kelly			
			Name of Person		
		Reel City Films			18
			Firm/Company		
		6160 SW 85 Street			ි දිර * 1 • • • • • • • • • • • • • • • • • • •
			Address		
		Miami, FL 33143			
		yaleris aderlaketty com	City/State and Zip Code frank@ reel cit to be used for future annual rep	71 '	711
For furth	her information c	oncerning this matter, please of	·		
Frank K				+++ 733 - 807/ Daytime Telephone Number	7.11
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>■</b> \$25.	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 issee, F1, 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabit	lity Company as it now appears on our record	IS.1
(A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>1-14</u> (
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{3/26/2012}{}$	and assigned
Florida document number L12000041810		
	<u>—</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Reel City Films LLC		, <del>1</del> 8
The new name must be distinguishable and contain the words "Lir	nited Viability Company," the designation "LLC	" or the abbreviation "Ed., C."
* A		•
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD.</u>	<u>RESS)</u>	
	<u> </u>	- 4-
		ά
Enter new mailing address, if applicable:		12
*		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi		s, enter the name of th
egistered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
V 0 1 100 11		
New Registered Office Address:	Enter Florida street addres	25
	is the same of this co	·
		orida
	Cuy	Zīp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than th	e date of filing:	<u></u>		(o	ptional)	
in effective date is listed, the date mu ote: If the date inserted in this b	ist be specific and canno dock does not meet th	t be prior to do e applicable	ate of filing or a statutory filin	ore than 90 days : e-remirements	after filing.) Purs this date will r	uant to 605.02 not be listed
coment's effective date on the I	Department of State's	records.	200000	5 requirements.	min and vini	mi re mice
record specifies a delaye		but not ar	n effective t	ime, at 12:0	)1 a.m. on t	he earlier
The 90th day after the re	cord is filed.					
July 19	201	18				
ited	·	·				
9///	•			<b>∠</b> 11000		
	Signature of a membe	r or authorize	d representative	ot'a member		<del></del>

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Filing Fee: \$25.00