L12000049666

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	
	\neg
Special Instructions to Filing Officer:	
	ļ
	-

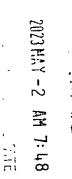
Office Use Only

4358-



200401917422

02/13/23--01015--014 **25.00



C/ 5/25/2023

COVER LETTER

TO: Registration S Division of Co		
Allure Cir	inema, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	Malachi Cull	
	Name of Person	
	Firm/Company	
	6016 Merrifield Drive	
	Address	
	Zephyrhills FL, 33541	
	City/State and Zip Code	
	malachicull@gmail.com	_ .
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Malachi Cull	321 474-2266 at ()	
Name	e of Person Area Code Daytime Telephone	e Number
Enclosed is a check for	r the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	660.00 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

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



April 16, 2023

MALACHI CULL 6016 MERRIFIELD DRIVE ZEPHYRHILLS, FL 33541

SUBJECT: ALLURE CINEMA, LLC Ref. Number: L12000049666

We have received your document for ALLURE CINEMA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

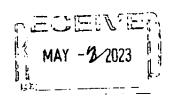
The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 723A00008492



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Allure Cinema, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 11th 2012 Florida document number L12000049666 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Green Man Filmworks LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
· · · · · · · · · · · · · · · · · · ·			
			
			\(\) Kemove
		10000	□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ C'hanga

· · · · · · · · · · · · · · · · · · ·	
/	
 	
E. Effective date, if other than the	ne date of filing: (ontional)
(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
f the record specifies a delayed effective cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 9th	2023
Dated February 9th Walash	- <u>- </u>
	Signature of a member or authorized representative of a member

Typed or printed name of signee