

L12000070926

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
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TALLAHASSEE, FLORIDA

June 9, 2015

INTERNATIONAL ACADEMY OF FILM AND TELEVISION LLC  
TESSA HELMS  
1451 OCEAN DR, STE. 200  
MIAMI BEACH, FL 33139

SUBJECT: INTERNATIONAL ACADEMY OF FILM AND TELEVISION LLC  
Ref. Number: L12000070926

We have received your document for INTERNATIONAL ACADEMY OF FILM AND TELEVISION 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P07000031122 "GLORIA S INC.".

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 715A00012059



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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Karen A Saly  
Regulatory Specialist II

Letter Number: 715A00012059

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

International Academy of Film and Television, 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 05/25/2012  
Florida document number L12000070926

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This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GLORIA 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:**

1451 Ocean Drive Suite 200, Miami Beach, FL 33139

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

1451 Ocean Drive Suite 200, Miami Beach, FL 33139

**(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:

Michael Gleissner

New Registered Office Address:

1451 Ocean Drive Suite 200

*Enter Florida street address*

Miami Beach

*City*

Florida 33139

*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 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.*

*(Signature)*  
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Gleissner	1451 Ocean Drive Suite 200	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathleen Andrews	635 S. San Fernando Blvd.	<input type="checkbox"/> Add
		Burbank, CA 91502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 25

2015

Signature of a member or authorized representative of a member

Michael Gleissner

Typed or printed name of signee