## L12000087831

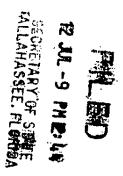
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D. BRUCE

D. BRUCE

EXAMNER

EXAMNER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	Refiner's	Fire Films LLC			
	Name of Limi	ted Liability Company	,		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.			
	espondence concerning this matter	-			
		David G. Reback			
		Name of Person			
	R	efiner's Fire Films LLC			
		Firm/Company			
	1	1420 U.S. #1 PMB 122			
		Address			
	Nort	h Palm Beach, FL 33408		元月 <b>あ</b> 50 <b>ら</b>	
	rofir	City/State and Zip Code			\$ . 3
	E-mail address: (	nersfirefilms@gmail.com to be used for future annual report notific	ation)	-9 F	
For further informati	on concerning this matter, please	call:		PH E	
[	David G. Reback	<sub>at (</sub> 561 <sub>)</sub> 3	313-7762	S MARKE	
Na	me of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check	For the following amount:				
\$25.00 Filing Fee	_	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cor Tallahassee, FL 323	n ntions nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Refiner'	<u>s Fire Films LLC</u>		
( <u>Name of the Limited Liability</u> (A Florida Li	company as it now appear imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co. Florida document numberL12000087831	ompany were filed on	07-05-2012 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	any," the designation "LLC" or the abbreviat	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)	Si S	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		CAETARY OF ST	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter the name of the n	
Name of New Registered Agent:			
New Registered Office Address:		stou Elovi da atuant adduna	
	Enter Florida street address		
	City	, Florida Zip Code	
	~,	inp cone	

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David G. Reback	11420 U.S. #1 PMB 122 North Palm Beach, FL 33408	Add ✓ Remove
<u>MGRM</u>	David G. Reback	11420 U.S. #1 PMB 122 North Palm Beach, FL 33408	✓ Add ☐ Remove
MGRM	Lyette C. Reback	11420 U.S. #1 PMB 122 North Palm Beach, FL33408	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	R JC. 9 ALLAHASSE
Dated	July 6	2012 rd A. Reback	
	Signature of a mer	•	<del>_</del>
		David G. Reback  /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00