

#L13000052854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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13 AUG 14 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 15 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2013

SUNRISE PICTURES, LLC
DON SNELLGROVE
7749 NORMANDY BLVD, STE. 145-308
JACKSONVILLE, FL 32221

SUBJECT: RISEN FILMS, LLC
Ref. Number: L13000052854

We have received your document for RISEN FILMS, 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 document submitted is incomplete. Enclosed is the missing page. Please sign and return to our office with a copy of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 613A00018226

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Risen Films, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Don Snellgrove
Name of Person

Sunrise Pictures, LLC
Firm/Company

7749 Normandy Blvd, Ste 145-308
Address

Jacksonville, FL 32221
City/State and Zip Code

dosnel@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Snellgrove at (904) 783-1819
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Risen Films, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/8/2013 and assigned Florida document number L13000052854.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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

Florida

City

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 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 Changing Registered Agent, Signature of New Registered Agent

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:

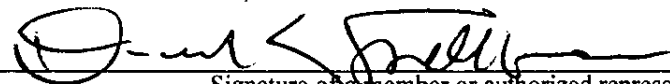
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Barbara Snellgrove	7749 Normandy Blvd SE 145-308	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32221	<input type="checkbox"/> Remove
		7749	
MGRM	Barbara Snellgrove	7749 Normandy Blvd #145-308	<input type="checkbox"/> Add
		Jacksonville FL 32221	<input checked="" type="checkbox"/> Remove
MGRM	Basem Zachariah	7749 Normandy Blvd SE 145-308	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32221	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 8/10/13, _____.



Signature of a member or authorized representative of a member

DONALD A. SNELLGROVE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00