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(Re	equestor's Name)	
(Ad	ldress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phone #)	
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OCT 3 1 2014 S. YOUNG COVER LETTER

TO: Registration Section (Corporations Division of Corporations Corporation Corporations Corporations Corporations Corporation Corporation Corporation Corporations Corporations Corporations Corporation C
SUBJECT: 6 FOSS Brothers Productions 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:
Duane L 65055
Coross Brothers Productions LLC
4356 Fountains Dr.
Lake Worth, FL - 33467 ESS F City/State and Zip Code
E-mail address (1) be used for future annual report notification)
For further information concerning this matter, please call:
Duane L. Gross at (310) 968-3360 Area Code Daytime Telephone Number 3
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

:Ŀ

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

(pross Brothers	5 Productions LLC	
(Name of the Limited Liab (A Flor	sility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>£ 13 0000 73 0</u> /		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited 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 ADI	DRESS)	
		20 =
Enter new mailing address, if applicable:		122
(Mailing address MAY BE A POST OFFICE BOX)		
		\mathbb{R}^{2n}
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fioriau street address	
	, Flor	rida 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = AMBR =	Manager Aúthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Raymond L. Gross	1713 Fairgreen Dr. Fullerton, CA 9283	🗖 Add
	,	Fullerton, CA 9283	Remove
MGR	Bryony J. Rowling	71 Tall Trees Court Sarasota, FL	IS /Add
	,	Sarasota, FL	□ Remove
		34232	
			Add
			□ Remove
			14
			90 Add 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		·•	Remove;
			<u> </u>
			Add
			Remove
			🗆 Add
			Remove

f receipt or filed date and cannot be more than 90 days after (State)
2014
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Page 3 of 3

Filing Fee: \$25.00

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