## L13000074135

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

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SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor | porations **   | \$ <u>*</u>                          |  |
|--|--|--------------------------------------|--|
| •                                      | ondence Films LLC  |                                      |  |
| SUBJECT:                               | Name of Limited Liability Compar   | ay                                   | <del>_</del>   |
| •                                      |  |                                      |  |
| The enclosed Articles of               | Amendment and fee(s) are submitted for filing.   |                                      |  |
| Please return all correspo             | ondence concerning this matter to the following:   |                                      |  |
|  | Arash Zandi  |                                      |  |
|  | Name of Person   | i                                    |  |
|  | Correspondence Films LLC   |                                      |  |
|  | Firm/Company   |                                      | <del></del>  |
|  | 1130 Greensboro Lane   |                                      |  |
|  | Address  |                                      | <del>_</del>   |
|  | Sarasota, FL.  |                                      |  |
|  | City/State and Zip Cazandi@c.ringling.edu  | ?ode                                 |  |
|  | E-mail address: (to be used for future an  | nual report notification)            | _  |
| For further information c              | concerning this matter, please call:   |                                      |  |
| Arash Zandi                            | at ()  | 524-7520                             |  |
| Name o                                 | of Person Area   | Code & Daytime Telephone Num         | ıber   |
| Enclosed is a check for the            | he following amount:   |                                      |  |
| □ \$25.00 Filing Fee                   | □\$30.00 Filing Fee & □\$55.00 Filing  Certificate of Status Certified Co  (additional c | py Certif<br>opy is enclosed) Certif | Filing Fee,<br>ficate of Status &<br>fied Copy<br>tional 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

FILED 2013 JUN 10 PM 12: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Correspondence Fil | lms | 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 was L13000074135   | vere filed on  | and assigned                              |
|--|--|---|
| This amendment is submitted to amend the following:  |  |   |
| A If amending name, enter the new name of the limited liability  | ity company here:  |   |
| The new name must be distinguishable and end with the words "Limite "L.L.C."   | d Liability Company," the designation "LI  | C" of the abbreviation                    |
| Enter new principal offices address, it applicable:  |  |   |
| (Principal office address MUST BE A STREET ADDRESS)  |  |   |
|  |  |   |
|  |  |   |
| Enter new mailing address, if applicable:  |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |
| Maning duaress men DE ATOST OFFICE BOX   |  |   |
|  |  |   |
| B. If amending the registered agent and/or registered offi-  | ce address on our records, enter th  | e name of the new                         |
| registered agent and/or the new registered office address here:  |  |   |
|  |  |   |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   |  |   |
| New Registered Office Address.   | Enter Florida street addre   | ess                                       |
|  | Fileside   |   |
|  | City, Florida  | Zip Code                                  |
| New Registered Agent's Signature, if changing Registered Agent:  |  | •   |
|  |  |   |
| I hereby accept the appointment as registered agent and agree the provisions of all standes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | ete performance of my duties, and I are<br>covided for in Chapter 608, F.S. Or i | n familiar with and<br>f this document is |

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

| MGR = Man<br>MGRM = Ma | ager<br>anaging Member |                                       |                |
|------------------------|------------------------|---------------------------------------|----------------|
| <u>Title</u>           | Name                   | Address                               | Type of Action |
| MGRM_                  | Vincent Dale           | (832 Golden Pond Ct. Osprey, FL 34229 | Add Add        |
|                        |                        |                                       | Remove         |
|                        |                        |                                       | _              |
|                        |                        |                                       | Add            |
|                        |                        | <del></del>                           | Remove         |
|                        |                        | <del></del>                           | <del></del>    |
|                        | <del></del>            |                                       | Add            |
|                        |                        |                                       | Remove         |
|                        |                        |                                       | _              |
|                        |                        |                                       | Add            |
|                        |                        |                                       | Remove         |
|                        |                        |                                       | -              |
|                        |                        |                                       | Add            |
|                        |                        |                                       | Remove         |
|                        |                        |                                       | -              |
|                        |                        | <del></del>                           | Add            |
|                        |                        |                                       | _ Remove       |
|                        |                        |                                       |                |

| the secor | d owner/manager, next to me, to this business.                 |
|-----------|--|
| Thank yo  | u.   |
| 5-30-2013 | ,  |
|           | Signature of a member or authorized representative of a member |
| Arash     | Zandi  |
|           | Typed or printed name of signee                                |

Typed or printed name of si

Page 3 of 3

Filing Fee: \$25.00

