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(R	Requestor's Name)	
(A	Address)	<u></u>
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	_
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(E	Document Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	eHouse of J	Ohn Films, LI	C
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John FR	edericks Name of Person	
		Name of Person	1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
	the House of	John Films, a	LC.
	0	Firm/Company	
	4444 5. Ri	grande#3160	<u> </u>
	0	() Address	
	Orlando.	FL 32839 City/State and Zip Code 6 in Egmail. com	
	millalliack	City/State and Zip Code	_
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ea	aii:	
John Fred	desides	at (407) 982 - Area Code Daytime	6918
Name o	ſ Per~m	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The House of John Films The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number L13000081982 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." L 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		ORlando, 71.32839	Change
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ted 6/24	<i>O</i>	, <del></del>	- ·			

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Typed or printed name of signee

Filing Fee: \$25.00