L13000085635

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J. SAULSBERRY EXAMINER AUG 05 2013

COVER LETTER

TO: Registration Section
Division of Corporations

Silver Springs International Film Festival 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:

David Midgett, Esq.

Name of Person

The Midgett Law Firm PLLC

Firm/Company

507 NE 8th Ave

Address

Ocala, Florida 34470

City/State and Zip Code

attorney@atlantic.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Midgett

_{..}352 (**369-3777**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silver Springs International Film	Festival LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our reco	ords.)	
The Articles of Organization for this Limited Liability Com Florida document number L13000085635	pany were filed on June 13, 20	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:	r/a	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the desig	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	<u></u>	MA &	
(Principal office address MUST BE A STREET ADDRES	<u></u>	/ w	
Enter new mailing address, if applicable:		N/A =	
(Mailing address MAY BE A POST OFFICE BOX)		23 8 5 6	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, enter the name of the new	
Name of New Registered Agent:		N/A	
New Registered Office Address:	Enter Florida si	KU/A-	
	City , FIG	orida Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I houghly account the approintment or unique of a part	d name to get in this course is T.C.		

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

Name	Address	Type of Action
Gerald Ergle	3631 SE 12th Place	Add
	Ocala, FL 34471	Remove
Greg Thompson	507 NE 8th Ave	
	Ocala, FL 34470	Remove
		Add
		AUG -12 Add.
		Add Remove
		Add Remove
	Gerald Ergle	Gerald Ergle Ocala, FL 34471 Greg Thompson 507 NE 8th Ave Ocala, FL 34470

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JULY 30	2013
Sign	ature of a member or authorized representative of a member
David Midgett	
	Typed or printed name of signee
_	-

Filing Fee: \$25.00