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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section

Division of Corporations

Alena Movietime 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:

William R. Huseman, Esq.

Name of Person

Alena Movietime Productions, LLC

Firm/Company

7335 West Sand Lake Road, Suite 390

Address

Orlando, Florida 32819

City/State and Zip Code

whuseman@jaxattys.com

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

For further information concerning this matter, please call:

William R. Huseman, Esq.

_{.,},904、448-5552

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

Alena Movietime				
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	,		
The Articles of Organization for this Limited Liability Compan	y were filed on	7/15/2013	and assigned	
Florida document numberL13000099617				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :		
ASL Pictures, LLC				
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Comp	any," the designation	"LLC" or the abbr	reviation
Enter new principal offices address, if applicable:	NA	•	28 28 28 28 28 28 28 28 28 28 28 28 28 2	
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
			L IE	para.
Enter new mailing address, if applicable:	NA		. FL	
(Mailing address MAY BE A POST OFFICE BOX)				
)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter	the name of t	he new
	 -			
Name of New Registered Agent: NA		· ·		
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 a'mending 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>	Address	Type of Action			
			Add			
			Remove			
			Add			
			Remove			
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Filing Fee: \$25.00

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