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COVER LETTER

то:	Registration Se Division of Cor						
CUBIE		EDIA GROUP LLC					
SUBJECT: Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		GIANNINA V. SALAZAR					
		INVENT MEDIA GROUP L	Name of Person				
		2120 DENNY CT	Firm/Company				
		BOCA RATON FLORIDA 3	Address 3486				
		Gia@giasalazar.com	City/State and Zip Code				
		E-mail address: (to be used for future annual repor	notification)			
For fur	ther information co	oncerning this matter, please ca	all:				
Gianni	ina Salazar		786 916736	3			
	Name of	f Person		nytime Telephone Number			
Enclose	ed is a check for th	e following amount:					
\$25	5.00 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 ARTICLES OF ORGANIZATION OF

invent media group Ilc (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 were filed on 05/13/2019 Florida document number 113000109684 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coast to Coast Films LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

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 AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			☐ Remove	
		,	☐ Change	
			Add	
			Remove	
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E. Effective date, if other than the of the an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applic	able statutory filing requirer	(optional) days after filing.) Pursuant to 605,0207 (3)(the nents, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but no rd is filed.	ot an effective time, at	12:01 a.m. on the earlier of:
13TH OF MAY	2019		
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Typed or printed name of signee

Filing Fee: \$25.00