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# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Fax Number : (323) 962-3889

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## FLORIDA LIMITED LIABILITY CO. Shankledip Productionz, LLC

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13239628300 From: Emma Bichardson

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TO:

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#### **COVER LETTER**

TO: Registration Secti Division of Corpo	on rations			
SUBJECT: SNANKLE	EDIP PRODUCTIONZ	Z, LLC		
Source:	(Name of Limi	ited Liability Company)		
The enclosed Articles of An	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:	•	
	Imelda Vasquez	(Name of Person)		
		(Manie (n. 1 6k36))		
	Legalzoom.com, Inc.			
		(Firm/Company)		
	100 W. Broadway Su	uite 100		2013 OCT 31
		(Address)		100
	Glendale, CA 91210			
	Ciditalict Cyto 12 to	(City/State and Zip Code)		SS: 3
				型。
For further information con	seerning this matter, please o	ali:		ي ا
Imelda Vasquez		at ( 323 ) 962-8600 ext	· 7050	(9:59
(Name of	Person)	(Area Code & Daytime T		
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee &	<b>₹</b> \$55.00 Filing Fee &	\$60.00 Filin	
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallshassee, FJ, 32301

To:

10/30/2013 18:13 3217237969

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNANKLEDIP PRODUCTION:	Z, LLC	
(Name of the Limited Liab	ollity Company as it now appears on our records ida Limited Liability Company)	<u> </u>
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on campaig,	
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/10/2013	and assigned
Florida document number <u>L13000143265</u>		5 - 5
• • • • • • • • • • • • • • • • • • •	<del></del>	9
This amendment is submitted to amend the followin	<b>G</b> *	
This amendment is submitted to affecte the following	<b>⋩</b> ·	32
A. If amending name, enter the new name of the	limited hability company here:	至
Shankledip Productionz, LLC		<u> </u>
The new name must be distinguishable and end with the	words "Limited Liability Company," the designat	on "LLC" or the abbreviation
المارية المارية		
B. If amending the registered agent and/or re		ter the name of the new
registered agent and/or the new registered office	address here:	
No. of No. Designated Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stre	et address)
	. Florid	
<del></del>		<u> </u>
	(City)	(Zip Code)
	(City)	
New Registered Agent's Signature, if changing Regis	·	
New Registered Agent's Signature, if changing Regis	·	
I hereby accept the appointment as registered ag	stered Acents tent and agree to act in this capacity. I furth	(Zip Code) er agree to comply with
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope	stered Ascents tent and agree to act in this capacity. I furthe er and complete performance of my duties, a	(Zip Code)  er agree to comply with and I om familiar with and
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere	stered Asents tent and agree to act in this capacity. I furth or and complete performance of my duties, a ed agent as provided for in Chapter 608, F.S	(Zip Code)  Ir agree to comply with and Or, if this document is
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis	stered Agents  sent and agree to act in this capacity. I furthe  er and complete performance of my duties, a  ed agent as provided for in Chapter 608, F.S  stered office address, I hereby confirm that t	(Zip Code)  Ir agree to comply with and Or, if this document is
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere	stered Agents  sent and agree to act in this capacity. I furthe  er and complete performance of my duties, a  ed agent as provided for in Chapter 608, F.S  stered office address, I hereby confirm that t	(Zip Code)  Ir agree to comply with and Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

ro:

10/30/2013 18:13

MGR = Manager

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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:

	Name	Address	Type of
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			- Rento
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