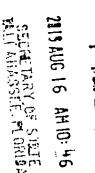
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	harlyn Keatin	ng Acologia Media	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Charlyn K	Leating Chisholm Name of Person	
	Storm bro	eaker Studios Firm/Company	
	421 E. Ro	binson St. Address	
	Orlando	FL 32801 City/State and Zip Code	
	E-mail addæss: (1	a stormbreaker stu	cation)
For further information co	oncerning this matter, please ca		
Charlyn K	Person	at (504) (669 - Area Code Daytime	5215 Telephone Number
Enclosed is a check for the	e 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Charlyn Keating	ompany as it now appears on our records.) nited Liability Company)
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L/300015024</u>	pany were filed on $\frac{10/23/2013}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
Stormbreaker St	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	421 E. Robinson St.
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	421 E. Robinson St. Orlando FL 32801
registered agent and/or the new registered office address	
New Registered Office Address:	OI E. Robinson St. Sp. 5
	City Enter Florida street address FM 60 City Zip Code
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

11

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

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
MGR	Charlya Gory Chisholm	421 E. Robinson St. Orlando, FL 349 32801	DAdd
		Orlando, FL 3# 32801	Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change
			D Add
			Remove
			Change
			□ Add
			Remove
			Change
			_□ Add
			_□ Remove
			☐ Change

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If an effec Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of toth day after the record is filed.
Dated _	2/17 August 14. 2019.
	$CIAV \rightarrow CIA$
	(Souls Raif Call
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00