L13000150243

(Re	equestor's Name)	
(Ad	idress)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

Stormbreaker Studios 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: Gary Chisholm Name of Person Stormbreaker Studios LLC Firm/Company 421 E. Robinson St. Address Orlando, FL 32801	
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421 E. Robinson St. Address Orlando, FL 32801	
Address Orlando, FL 32801	
Orlando, FL 32801	
City/State and Zip Code gary@stormbreakerstudios.com	
E-mail address: (to be used for future annual report notification)	
·	C ~
For further information concerning this matter, please call: Gary Chisholm 832 385-6207	020 E.C.
	SEP A3S
	2020 SEP 21 AM
Enclosed is a check for the following amount:	ling Fee.
(additional copy is enclosed) Certified (e of Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 32314 *2415 N. Monroe Street, Suite 81	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stormbreaker Studios LLC		
(Name of the Limi	ted Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited L. Florida document numberL1300015024	hability Company were fried on	3/2013 and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designal	ion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
		020 X
		SEP SEP
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u>C</u>
		는 사람 - S
B. If amending the registered agent and/or agent and/or the new registered office addre	—	s, enter the name of the new registered
Name of New Registered Agent:	Gary L. Chisholm, Jr.	
New Registered Office Address:		
	Enter Florida str	eet 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 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>	<u>Name</u>	Address	Type of Action
MGR	Charlyn Keating Chisholm	421 E. Robinson St.	
		Orlando, FL 32801	□Add
		Ortando, 11, 32801	■Remove
			Change
			□Add
			□Remove
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fective date, if other than in effective date is listed, the date	e must be specific and	d cannot be prior to			ter filing.) Pursu	
ote: If the date inserted in the cument's effective date on the			He statutory tilii	ig requirements, t	nis date will n	ot be listed a
ecord specifies a delayed efficiency is filed.	ective date, but not	an effective tim	e, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after the
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	Signature of an	thember or authori	zed representativ	e of a member 5 holy)		