

L13000160717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

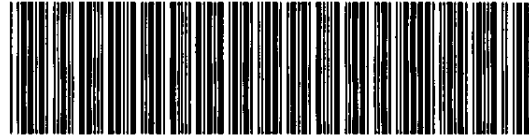
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Larger Than Life 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:

LASHAWN THOMAS

Name of Person

MIAMI ENTERTAINMENT LAW GROUP

Firm/Company

16430 NW 59TH AVENUE, SUITE 201

Address

MIAMI LAKES, FLORIDA 33014

City/State and Zip Code

LTHOMAS@MIAMIENTERTAINMENTLAWGROUP.COM

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

For further information concerning this matter, please call:

LASHAWN THOMAS

Name of Person

at **(305) 417-6450**

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

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

Larger Than Life Productions LLC

(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 11/15/2013 and assigned
Florida document number L13000160717.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

LASHAWN THOMAS

New Registered Office Address:

16430 NW 59TH AVENUE, SUITE 201

Enter Florida street address

MIAMI

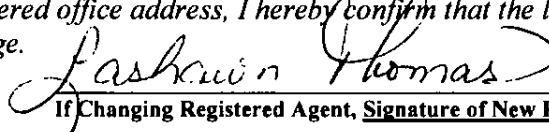
City

, Florida 33014

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 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:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-----------------------|--|
| MGR | AUBREY BRUNSON | 5810 KINGSTOWN CENTER | <input type="checkbox"/> Add |
| | | PMB 152 SUIT 120 | <input checked="" type="checkbox"/> Remove |
| | | ALEXANDRIA, VA 22315 | |
| MGR | JEFFREY MANNING | 5810 KINGSTOWN CENTER | <input type="checkbox"/> Add |
| | | PMB 152 SUIT 120 | <input checked="" type="checkbox"/> Remove |
| | | ALEXANDRIA, VA 22315 | |
| MGRM | CUTHBERT HAREWOOD | 5810 KINGSTOWN CENTER | <input type="checkbox"/> Add |
| | | PMB 152 SUIT 120 | <input checked="" type="checkbox"/> Remove |
| | | ALEXANDRIA, VA 22315 | |
| MGRM | DELLA SAVOURY | 5810 KINGSTOWN CENTER | <input type="checkbox"/> Add |
| | | PMB 152 SUIT 120 | <input checked="" type="checkbox"/> Remove |
| | | ALEXANDRIA, VA 22315 | |
| MGRM | LASHAWN THOMAS | 5810 KINGSTOWN CENTER | <input type="checkbox"/> Add |
| | | PMB 152 SUIT 120 | <input checked="" type="checkbox"/> Remove |
| | | ALEXANDRIA, VA 22315 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated December 12, 2013.

Lashawn Thomas

Signature of a member or authorized representative of a member

Lashawn Thomas

Typed or printed name of signee

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Filing Fee: \$25.00

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TREASURY