L13000177809

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(Cit	ty/State/Zip/Phone	e #)
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TALLAHASSELAFLORI

B. BOSTICK

FEB - 4 2014

EXAMINER

COVER LETTER

Division of Corpor			
SUBJECT: Soul An	vest Production	Entrelain For Hour	Soul LLC
The enclosed Articles of Am	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Kan	wa White	
		Name of Person	
	<i>!</i> *		
		Firm/Company	
	3824	F. Lakeview Blv	d
		Address	
	Cooa	F1 3292 (
	Bishop	City/State and Zip Code Ami A @ Smail - com to be used for future annual report notifi	ration)
-	E-mail address: (to be used for future annual report notifi-	ration) $C_{C_{i}}$
For further information conc	erning this matter, please ca	all:	70
K Amia W Name of Pe	h. fr	at (321) 271- Area Code Daytime	- 7290 or 846-351-3046 Telephone Number
Enclosed is a check for the f	ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on $\frac{D}{30}$ | 13 and assigned Florida document number 13000177809 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Studiok Productions LL 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) \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: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$\mathbf{AMBR} = A$	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Add
			□ Remove
	•		
			Add
			Add
			☐ Add
			Add
`			□ Remove
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets	s, if necessary.)	-
			-
E. ,	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	(optional) 90 days after	
	Dated,		
	Signature of a member or authorized representative of a member of	er	
		A. A	264 Ja: 30
	Page 2 of 2	\$\frac{\partial}{\partial}\$	0 Ph 2: 01

Page 3 of 3

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Filing Fee: \$25.00