

L14000002097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

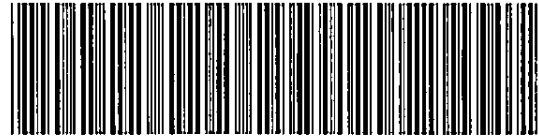
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS

SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL PICTURES MEDIA, 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:

REBA SHERRETS

Name of Person

WORLDWIDE ALLIANCE, LLC

Firm/Company

1202 SW 17 ST, SUITE 102

Address

OCALA, FL 34471

City/State and Zip Code

bob@wwaflorida.com

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

For further information concerning this matter, please call:

BOB PASTOR

352 861-9600
at ()

Name of Person

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

GLOBAL PICTURES MEDIA, LLC

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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FBI - BOSTON
COMMUNICATIONS SECTION

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BROCO ENTERPRISES, LLC	10890 SW 47 AVE	<input checked="" type="checkbox"/> Add
		OCALA, FL 34476	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZD360 LLC	1111 NE 25 AVE	<input type="checkbox"/> Add
		OCALA, FL 34470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DIVISION 10

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DIVISION OF CORRECTIONS

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 14 . 2017

REBA SHERKETS
Typed or printed name of signer