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	lı .
(Requestor's Name)	
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COVER LETTER

ro:	Registration Sec Division of Corp			
SUBJE		ICTURES MEDIA, LLC		
ODJE	.cr:	Name of I	Limited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are	submitted for filing.	
'lease i	return all correspor	 	tter to the following:	
		REBA SHERRETS		
			Name of Person	
		WORLDWIDE ALLIA		
			Firm/Company	
		1202 34 17 31, 30111	Address	
		OCALA, FL 34471		
		bob@wwaflorida.com	City/State and Zip Code	
		<u> </u>	ss: (to be used for future annual report notification)	
For fur	ther information co	 oncerning this matter, pleas 	se call:	
вов Р	PASTOR		352 861-9600 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy (additional copy is en	tus &
	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ix 6327 ssee, 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

GLOBAL PICTURES MEDIA, LLC				
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	as it now appears or bility Company)	ı our records.)	
The Articles of Organization for this Limited Liab Florida document number L14000002097	nility Company w 	rere filed on 1/6/20	14	_ and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liabili	ty company here:		
				9 1 1
The new name must be distinguishable and contain the word	ds "Limited Liability	Company," the design	nation "LLC" or the abbre	viation "L.PA"
Enter new principal offices address, if applicab	le:			- 10 F
(Principal office address MUST BE A STREET.	ADDRESS)			<u> </u>
Florida document number L1400002097 This amendment is submitted to amend the follow A. If amending name, enter the new name of the new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET). Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				0 k
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on ou	ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		·		
New Registered Office Address:				
tien registered office readiess.		Enter Florida	street address	
			, Florida	
		City	, 1 1011444	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper	agent and agree and complete p	to act in this cap erformance of my	acity. I further agree duties, and I am fan	to comply with the siliar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

	from our records:	manage, enter the tire, name, and au	aress of each person being added
MGR = M AMBR = A	danager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	BROCO ENTERPRISES, LLC	10890 SW 47 AVE	■ Add
		OCALA, FL 34476	Remove
			Change
AMBR ZD360 LLC	ZD360 LLC	1111 NE 25 AVE	
		OCALA. FL 34470	■ Remove
			Change Change Change Change Change Change
			□ Remove
			☐ Change
			□ Remove
			Change

16 17		
If amendi	ng any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
		A SEP 18 PH 12: OH
		<u> </u>
		PH.
		2: 0
	- ".	
		
(If an effectiv <u>Note:</u> If th	date, if other than the date of re date is listed, the date must be spec- ite date inserted in this block does is effective date on the Departme	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(be not meet the applicable statutory filing requirements, this date will not be listed as the
	d specifies a delayed effec th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the earlier of: filed.
Dated	SEPTEMBER 14	2017
	0.	
	Signatur	re of a member or authorized representative of a member
		Typed or printed name of signce
		Page 3 of 3

Filing Fee: \$25.00