

L14 000014185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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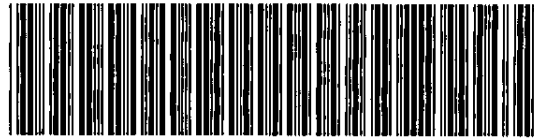
(Business Entity Name)

(Document Number)

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14 MAY 27 AM 9:55
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Cannery Row Films, 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:

Eva Milner

Name of Person

Cannery Row Films, LLC.

Firm/Company

786 19TH Street SW

Address

Vero Beach, Florida 32962

City/State and Zip Code

sean@canneryrowfilms.com

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

For further information concerning this matter, please call:

Sean Murphy

Name of Person

at **772 501-9861**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Cannery Row Films, 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 January 28TH, 2014 and assigned Florida document number L14000014185.

This amendment is submitted to amend the following:

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

N/A

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)

786 19TH Street SW

Vero Beach, Florida 32962

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

786 19TH Street SW

Vero Beach, Florida 32962

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:

Eva Milner

New Registered Office Address:

786 19TH Street SW

Enter Florida street address

Vero Beach

City

Florida

Zip Code

32962

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.

Eva Milner

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eva Milner	786 19TH Street SW	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32962	<input type="checkbox"/> Remove
MGR	Plythe Gibbons	5400 Stately Oaks Street	<input type="checkbox"/> Add
		Fort Pierce, FL 34981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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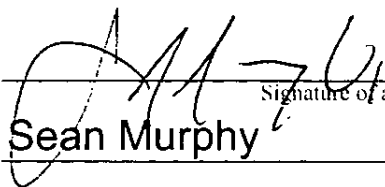
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D. If attending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 21 2014


Sean Murphy

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
MAY 27 2014
TALLAHASSEE, FLORIDA