14000022088

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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10/12/15--01012--014 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRODUCTION CREATIVE SERVICES UC 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:
SEFF Cook Name of Person
PRODUCTION CREATURE SERVICES Firm/Company
301 W. PLATT ST #640 Address
TAMPA FL 33606 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 690-9555 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$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

FILED.

2015 OCT 12 AM 11: 56

SECRETARY OP STATE

(Name of the Limited Liability Comp (A Florida Limited	NE SERVICE SALVAHAMEE, FLURIUA Sany as it now appears on our records. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000022088</u> .	y were filed on $\frac{2/10/14}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
GRAPHTC MOTTON	LLC
GRAPHIC MOTION of the new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	301 W. PLAH St. #640 TAMPA, FL 33606
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FC 33606
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	SAME
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	NA
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	City 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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 = N $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207

Page 3 of 3

Filing Fee: \$25.00