

L14000087319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

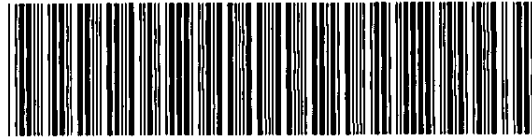
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

T. Burch MAY 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stars In Motion International Productions, 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:

Zantekia Graham
Name of Person

Stars In Motion International Productions, LLC
Firm/Company

2450 Jefferson Rd
Address

Tallahassee FL 32317
City/State and Zip Code

businesswoman128@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zantekia Graham at (850) 915 0134
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Stars In Motion International Productions, 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 5/30/2014 and assigned
Florida document number L140000087319

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2450 Jefferson Rd
Tallahassee FL 32317

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2450 Jefferson Rd
Tallahassee FL 32317

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:

Zanetia Graham

New Registered Office Address:

2450 Jefferson Rd

Enter Florida street address

Tallahassee

, Florida

32317

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.

Zanetia Graham
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	William M. Ellington	2450 Jefferson Rd	<input type="checkbox"/> Add
		Tallahassee FL 32317	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Lasharra M. Ellington	2450 Jefferson Rd	<input type="checkbox"/> Add
		Tallahassee FL 32317	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Zantekia Graham	2450 Jefferson Rd	<input type="checkbox"/> Add
		Tallahassee FL 32317	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15 MAY 26 PM 2:12
STATE OF FLORIDA
SECRETARY OF STATE

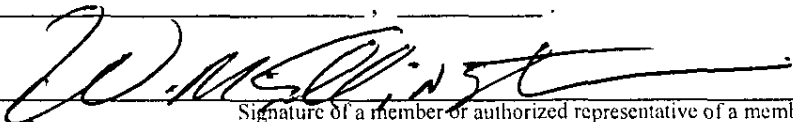
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____


Signature of a member or authorized representative of a member
William M. Ellington
Typed or printed name of agent

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FLORIDA DEPARTMENT OF STATE
MAY 15 2012

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AND
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