

L14000087319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

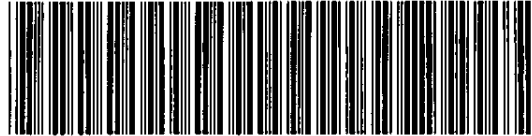
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
SEP 23 2016

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Stars IN Motions International Production, 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:

William Ellington  
Name of Person

Stars IN Motions International Production, LLC  
Firm/Company

95 Catawba Trail  
Address

Crawfordville FL 32327  
City/State and Zip Code

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

For further information concerning this matter, please call:

William Ellington at (850) 688-3654  
Name of Person Area Code Daytime Telephone Number

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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**

Star In Motion International Production, 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 L14000087319.

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 contain 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)

95 Catawba Trail  
Crawfordville FL 32327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

95 Catawba Trail  
Crawfordville FL 32327

**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:

New Registered Office Address:

95 Catawba Trail  
Enter Florida street address  
Crawfordville, Florida 32327  
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 = Manager  
AMBR = Authorized Member

| Title | Name                | Address                                    | Type of Action   |
|-------|---------------------|--|--|
| MGR   | Lasharra Ellington  | 2480 Jefferson Rd<br>Tallahassee FL 32317  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                     |  | <input type="checkbox"/> Change  |
| MGR   | Aneisha Ellington   | 95 Catawba Trail<br>Crawfordville FL 32327 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                     |  | <input type="checkbox"/> Change  |
| MGR   | William M Ellington | 95 Catawba Trail<br>Crawfordville FL 32327 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                     |  | <input checked="" type="checkbox"/> Change                                 |
| MGR   | Zantekia Graham     | 95 Catawba Trail<br>Crawfordville FL 32327 | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                     |  | <input checked="" type="checkbox"/> Change                                 |
|       |                     |  | <input type="checkbox"/> Add   |
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|       |                     |  | <input type="checkbox"/> Change  |

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Pursuant to 605.0207 (3)(b) will not be listed as the

**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**

Signature of a member or authorized representative of a member

Typed or printed name of signee