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(Re	equestor's Name))		
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(Do	ocument Number)		
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NAR 1 7 2015

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Paper Elephant Studio 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:
Raycee Morin Name of Person Paper Elephant Studio: Film/Company
Paper Elephant Studio:
303 S Tampania Ave Apt 14
- Tam Pa, FL 33609 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaycee Morin at (40) 636-0371 Name of Person at (40) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ 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

Authorized M	<u>lember being added or removed from o</u>	ur records:	
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBK	Kayla Stephenson	1717 Ala Wai Blvd	Add
		Apt 1904	Remove
		Honolulu, HI 96815	
MGR	Kayree Morin	303 S Tampania AVR	
		Ap 14	Remove
		Tampa, FL 33609	<u> </u>
			□ Add
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TO ARTICLES OF ORGANIZATION OF

Paper Elephi (Name of the Limited Liability Compa (A Florida Limited I	ant St ny as it now appears Liability Company)	on our records.	LC		
The Articles of Organization for this Limited Liability Company			2015	and a	ssigned
Florida document number <u>L 15 0000 28230</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end with the words "Limited Liab	aility Company " the de	esignation "LLC"	or the abbre	viation	"LLC"
Enter new principal offices address, if applicable:		Signation DDO	or the abort	, ridition	13.E.C.
(Principal office address MUST BE A STREET ADDRESS)			ĪĀS	A	
				MA.	enega.
			TAS:	₹-2	E TARRES PRESENTE
Enter new mailing address, if applicable:				-12	
(Mailing address MAY BE A POST OFFICE BOX)		-		-2	
					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records,	enter the	name	e of the n
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
N. B. C. M. M. C. M. M. D. M. D. M.	City		2	Zip Cod	e
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of n	iy duties, and	l I am fam	iliar w	ith and

If Changing Registered Agent, Signature of New Registered Agent

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.