L15000084942

(Req	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
L)16-7572	b	





100291003761



12/09/16--01001--002 **25.00

DIGDEC -7 PM 5: 06

K. SALY
DEC - 8 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2016

50K FILMS, LLC SHELLY BRAMBLETT P.O. BOX 270088 LOUISVILLE, CO 80027

SUBJECT: 50K FILMS, LLC Ref. Number: L15000084942 2016 DEC -5 AM II: 13

SECRETARY OF STATE
AND A SECRETARY OF STATE

[7]

We have received your document for 50K FILMS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00023965

COVER LETTER

то:	Registration Se Division of Cor			
SUBJEC	50K Films,	LLC		
SUBJEC	-1i <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Shelley Bramblett		
			Name of Person	· · · · · ·
		50K Films, LLC		
			Firm/Company	
		P.O. Box 270088		
			Address	
		Louisville, CO 80027		
			City/State and Zip Code	
		trishelleyb@aol.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	all:	
Shelley	Bramblett		720 232-6592 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	t is a check for th	ne 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

FILED	
2016 DEC -7 PM 5: 0	
SEURETARY OF S. O	,

50K 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 $\frac{5/13/15}{1}$ and assigned Florida document number L15000084942 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Peak 7 Films, LLC The new name must be distinguishable and contain the words "Límited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:				
manager AMBR = Manager AMBR = Authorized Member Title Name Address Address Authorized Telson(s) authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and address of each person being authorized to manage, enter the tide, name, and enter the tide, n				
$\mathbf{AMBR} = A$	Authorized Member		2016 DFC _ 7 _	
<u>Title</u>	<u>Name</u>	Address	SEUNETARY OF CT	Type of Action
			SEURETARY OF STATE FALLAHASSEE, FLORIDA	
				□ Remove
				Change
				Add
				□ Remove
		<u> </u>		Change
				□ Add
				Remove
				Change
				□ Add
				Remove
				Change
				Remove
		- · · · · · · · · · · · · · · · · · · ·		Change
				🗅 Add
				□ Remove
				□ Changa

. It will change any other miorina	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	2016 DEC -7 PM 5: 06
	2016 DEC -7
	TALLAHASSEE. FLORIDA
	ALLAHASSEE FLATE
	- CORIDA
	
	
	
	
, '	
	
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bludocument's effective date on the Defeated in the Defeate	date of filing:
the record specifies a delayed) The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier of ord is filed.
Dated October 26	2016
Sleel	Signature of a member or authorized representative of a member
(Samuel of a monitor of a minorized representative of a monitor
Shelley A Bramblett	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00