U50009878

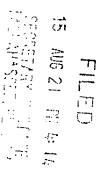
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700276166417

08/21/15--01027--012 **30.00



AUG 2 4 2015 S. YOUNG

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CHDIE		Studios LLC		
SUBJE	Name of Limited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	endence concerning this matter	to the following:	
		David Main		
			Name of Person	_
			Firm/Company	_
		1011 Cathcart Street		_
			Address	_
		Jacksonville, FL 32211		
		d.main@unf.edu	City/State and Zip Code	
		E-mail address:	(to be used for future annual report notification)	
For furt	her information c	oncerning this matter, please c	all:	Service File
David N			239 580-9325 at ()	
	Name o	f Person	Area Code Daytime Telephone Numb	er Did to
Enclose	d is a check for th	ne following amount:		
\$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy is enclosed)
	Registr	ING ADDRESS: ation Section of Corporations	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

Main Main Studios LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records. Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on 6/2/2015	and assigned
Florida document number 000273591400		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Main Made Studios LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1011 Cathcart Street	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32211	
		ु ज
Enter new mailing address, if applicable:	1011 Cathcart Street	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32211	<u> </u>
		PS III
		121 21
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, e:	enter the name of the new
	_	
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	_
	, Flor	ida
	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

$\mathbf{AMBR} = 1$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			☐ Remove
			Change
	.		□ Add ≳≓
			Remover OF ST
			Change: A
			Add
			□ Remove
			□ Change
			Add
			Remove
			□ Changa

				· · · · · · · · · · · · · · · · · · ·
<u></u>				
•				
				ा व
				111
				7
Effective date, if other tha	n the date of filing:		(op	tional)
If an effective date is listed, the da Note: If the date inserted in	this block does not meet t	he applicable statutor	ng or more than 90 days aft ry filing requirements, th	er filing.) Pursuant to 605.0 his date will not be listed
document's effective date on	the Department of State's	s records.		
he record specifies a de	laved effective date.	but not an effec	tive time at 12:01	a m on the earlier
The 90th day after the	e record is filed.		, 41 12.01	
4/17	/15			
Dated	<u>//2</u>		1,	
	(1)/1	VIIV LL	1////	
	11///	/ //// CON /# /		

Page 3 of 3

Filing Fee: \$25.00

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Can you please add my EIN to my file

MAÎN MADE STUDIOS LLC DAVID CHARLES MAIN SR SOLE MBR 1011 CATHCART ST JACKSONVILLE, FL 32211 Date of this notice: 06-04-2015

Employer Identification Number: 47-4189939

Form: SS-4

Number of this notices CP 575 G

For assistance you may call us at:

-[--

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4189939. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MAIN. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

06-04-2015 MAIN O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-04-2015 EMPLOYER IDENTIFICATION NUMBER: 47-4189939 () – NOBOD FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idaddddalablabbdladbaachablabb

MAIN MADE STUDIOS LLC DAVID CHARLES MAIN SR SOLE MBR 1011 CATHCART ST JACKSONVILLE, FL 32211