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PICK-UP WAIT MAIL
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(Document Number)
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S. YOUNG

· COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: L-1.C. Address change 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:		
Noah Roberts Name of Person		
Roberts Action Films L.L.C. Firm/Company		
5400 NW 39th Ave. Apt- Z234 Address		TIM (72
Gaines Ville, FL 32606 City/State and Zip Code	5 OFC -5	CORE TARY
E-mail address: (to be used for luture annual report notification)		771 C
For further information concerning this matter, please call:	PM 4: 42	- 635 - 635 - 635
Neah Roberts at (352) 316 - 5558 Name of Person Area Code Daytime Telephone Number	2	Ta Ta
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Roberts Action Films L (Name of the Limited Liability Compa	.L.C.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/19/2015	and assigned
Florida document number <u>L1500 o196347</u> .	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	iliy company here:	
The new name must be distinguishable and contain the words "Limited Liabil		ition "L.L.C."
Enter new principal offices address, if applicable:	5400 NW 39th Ave	
(Principal office address MUST BE A STREET ADDRESS)	Apl 2234	6 F.S
	Garresville, FL 32606	
		一 为 资本
Enter new mailing address, if applicable:	5400 NW 39th Ave	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 2234	<u> </u>
	Gainesville, FL 32606	5 OF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
 		p 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 **Type of Action Address** <u>Title</u> Name _ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Remove ☐ Change ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

	
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Cffective date, if other than the date of filing:	rsuant to 605.0207 (3 I not be listed as th
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on The 90th day after the record is filed.	the earlier of:
Dated 11-27-2016	
1 male // m / 0 marks	

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Filing Fee: \$25.00