L15000201322

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Fruitful Fil	ms LLC		
300,120		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		Maryann Santos	• •	
			Name of Person	·
		Fruitful Films LLC		
			Firm/Company	
		3452 LAKE LYNDA	DR, SUITE 363	
			Address	"
		ORLANDO, FL 3281	7	
			City/State and Zip Code	
		fruitfulfilmsllc@gmail.com		
			to be used for future annual report notif	lication)
For furthe	r information c	oncerning this matter, please ca	all:	
Maryann	Santos		407 509-0095 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	he following amount:		
\$25.00	0 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

Be Fruitful 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 December 2, 2015 Florida document number L15000201322 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fruitful Films LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Fruitful Films LLC Enter new mailing address, if applicable: 3452 Lake Lynda Dr. Suite 363 (Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32817 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: 3452 Lake Lynda Dr. Suite 363 New Registered Office Address: Enter Florida street address Orlando Florida <u>32817</u> City

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 Address** <u>Title</u> Name 1 Type of Action ☐ Remove □ Change _□ Add _□ Remove த் _□∰ange ng 3 D/Remove ور ☐ Add □ Remove _____ Change □ Add ____ □ Change □ Add ☐ Remove ☐ Change

Amend to Fruitful Films I	.L.C	
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ote: If the date inserted in thi	the date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
record specifies a dela The 90th day after the		ctive time, at 12:01 a.m. on the earlier
ted February 7	2016	
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Filing Fee: \$25.00