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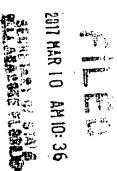
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M. MILLIGAN MAR 1 3 2017

COVER LETTER

TO:		istration Sec ision of Corp				
CHBI	ECT:	Shutter 56 L	LC			
SUDJ	EC1:		Name of Limi	ited Liability Company		
The e	nclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return	all correspon	ndence concerning this matter	to the following:		
			Cassie Glee Pechonis			
				Name of Person		
			Aristocar Studios LLC			
Firm/Company						
	22778 SW 56th Ave Address					
	Boca Raton, FL 33433					
	City/State and Zip Code					
			cassie@aristocarstudios.con			
			E-mail address: (to be used for future annual report no	otification)	
For fu	ırther iı	nformation co	oncerning this matter, please ca	all:		
Cassi	e Glee	Pechonis		561 617-6800 at (
		Name of	Person	Area Code Dayti	me Telephone Number	
Enclo	sed is	a check for th	e following amount:			
■ \$:	25.00 F	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

Shutter 56 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 02/22/2016 Florida document number _L16000040729 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Aristocar Studios LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 22778 SW 56th Ave Enter new principal offices address, if applicable: Boca Raton, FL 33433 (Principal office address MUST BE A STREET ADDRESS) 22778 SW 56th Ave Enter new mailing address, if applicable: Boca Raton, FL 33433 (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 , Florida 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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add □ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add □ Remove _□ Change _□ Add _□ Remove ☐ Change _ Add ☐ Remove _□ Change _ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00