Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LEGALZOOM. COM INC.

Account Number : 120010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RISING OWL PRODUCATIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menuy EXAMINER

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AUG 15

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8/12/2016 7:52:38 AM PDT

08/10/2016

TO:

11:04 PDT

Registration Section

TO:13239624521 FROM:3214001448

13239628300 From: Amanda Sando

Page:

COVER LETTER

Divis	sion of Cor	porations				
SUBJECT:	RISING OWL PRODUCATIONS, LLC					
Jobane I.		Name of Lim	ited Liability Company	A Samuel and the second		
The enclosed	Anicles of ,	Amendment and fee(s) are sub	omitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley				
		<u> </u>	Name of Person	*************************************		
	Legalzoom.com, Inc.					
		Функтийн айман	Fimt/Company	**************************************		
		101 N. Brand Blvd., 11t	h Floor			
		*	Address			
		Glendale, CA 91203				
		17 T T T T T T T T T T T T T T T T T T T	City/State and Zip Code	T		
		desmond@derekeummin	~	The state of the s		
		E-mail address: (to be used for future annual report notific	cation)		
For further inf	ormation co	ncerning this matter, please ca	all:			
Cheyenne M	loseley		800 773-0888 ex			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a c	heck for the	e following amount:				
□ \$25.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional capy 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 Tallabassec, FL 32301

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08/10/2016 11:04 PDT

8/12/2016 7:52:38 AM PDT

Page 4 of 6		8/12/2016	7:52:38 AM PDT	13239628300 From: Amanda Sando
10/2016	11:04 PDT	TO:13239624521	FROM: 3214001448	Page: 3
			AMENDMENT	. .a es
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			DRGANIZATION	17 16 C
		(.	F	
	RISING OWL PROI	DUCATIONS, LLC		13239628300 From: Amanda Sando Page: 3
-			any as it now appears on our reco	ords.)
		(A Florida Limited	г.авину с.отралу)	
The Articles of	Organization for this	Limited Liability Company	were filed on 06/30/2016	and assigned
Florida docum	ent number 1.160001	25409		₹.
This amendane	nt is submitted to ame	and the following		•
		<u>. </u>		
A. If amendir	ig name, enter the n	ew name of the limited liab	ility company here:	
-	oductions, LLC			·
The new name on	ist he distinguishable and	end with the words "Limited Lial	oility Company," the designation "(A.C" or the abbreviation "L.A.C."
Enter new pri	ncipal offices addres	s, if applicable:		
Principal offic	ce address MUST BE	A STREET ADDRESS)		
Enter new ma	iling address, if app	licable:		·
	SS MAY BE A POST			
				ds, enter the name of the new
registered age	nt and/or the new re	gistered office address her	<u>e</u> :	
Name	of New Registered A	\gent:		
New	Registered Office Ad	dress:		
		· · · · · · · · · · · · · · · · · · ·	Enter Florida street addi	7.27
			<u></u> , 1	Florida
		4,	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

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MGR = Manager

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Addmoso	There are trade-
<u> </u>	Name	Address	Type of Action
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Dated	7/26	Signapore of a positive or authori	red releasestative of a member	~~~	
,		Kris De			
		Typed or printed	mante of righter	TALLAHASSEE, FL	TILEC

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Filing Fee: \$25.00