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3234467067 From: Imelda Vasquez

10/25/2018

Division of Corporations

Florida Department of State

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

: (323)962-8600

Phone 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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCAREY TREE PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	ı
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

S Warren

COVER LETTER

TO:	Registration So Division of Cor			
SUBJE		TREE PRODUCTIONS LL	c	
areaus.	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please n	eturn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203	,	
			City/State and Zip Cuc	de
		hammdrew2016@yahoo.	.com to be used for future army	al report notification)
For furt	her information o	concerning this matter, please c	,	,
Cheyer	nne Moseley		800 st ()_	773-0888 ext. 9724
	Name (of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for t	he following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fe Certified Copy (additional copy is	Certificate of Status &
	Regist Divisi	ING ADDRESS: ration Section on of Corporations	Regist Divisio	ET/COURIER ADDRESS: ration Section on of Corporations Building

P.O. Box 6327 Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCAREY TREE PRODUCTIONS LLC	•	
(Name of the Limited Liability (A Florida	Company as it now appears on Limited Liability Company)	ur records)
The Anicles of Organization for this Limited Liability Confide document number L16000140322 This amendment is submitted to amend the following:	ompany were filed on 07/26/2	016 and assigned
A. If amending name, enter the new name of the limit	ed liability company here:	
The now name imist be distinguishable and end with the words "Lim	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1	
is. If amending the registered agent and/or registered agent and/or the new registered office addressed of New Registered Agent:		records, enter the name of the ne
New Registered Office Address:		
•	Enter Florida su	eet address
***	City	, FloridaZio Code
New Registered Agent's Signature, if changing Registered	•	zą com
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confocept the obligations of my position as registered agential being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capa mplete performance of my d ent as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, S	gusture of New Registered Agent
	Page 1 of 3	

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:

MGR = Manager AMBR = Authorized Member

Title	Name		Address		Type of Action
AMBR	Andrew Breton	_	4459 West County Road 232		
			Bell, FL 32619		🗹 Remove
AMBR	Richard James Meritt	· -	2459 NW 72nd Pl		€ Add
			Bell, FT. 32619		□ Rешюче
					
					_
				· <u> </u>	
	•				Kembye
		 .	<u> </u>	2 2	Add Remove
				RE ARY AH (SSE)	<u>~</u> (
		Page 2 of	13	OF STATE	ED % II

I amending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.
	(optional)
	ceipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of re	ceipt or filed date and cannot be more than 90 days after ate)
the date this document is filed by the Florida Department of St	ceipt or filed date and cannot be more than 90 days after ate)
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