## L16000 146902

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400289961104

09/12/16--01025--015 \*\*25.00

2016 SEP 12 PM 3:51

K. SALLY Expansiver SEP 15

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Caning Film Festival

2016 SEP 12 PM & 51 CALLOS TARY OF STATE OS. ORIGINAL ORIGINAL

Zip Code

(Name of the Limited Liability Company as it now appears on our records.)
(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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

## 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.

City

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 = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MG-R	Karen, Karen, Ms	Address  6 1030 Alfonso Ave  Coral Gables Fl 3314	□ Add
	, ,	Coral Gables FL 3314	6 Remove
1112 1	/ / 1/	n, 110	Change
1110R	Landrum, Karen, M	Ms 1030 Alfonso Ave	Add
	<b>,</b>	Ms 1030 Alfonso Ave Coral Gables Fa 3319	Remove
			Change
	<del></del>		
		,	Remove 7
			SSI 72
			Change
-			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change

			1											
													÷ ()	78/6 SEP 12
												?		SES
													五	_{2}
														· 2
													7	
													<u>_</u>	
			<del></del> ,	··· · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>.</u>			· · · · · · · · · · · · · · · · · · ·					
														_
••														
												<del>,</del>		
						<del></del>								
*******														
fective da	te, if other late is listed,	than the	date of	filing:			- d-4	\C1:	1	00 d	(option	ıal)		. 605 03(
te: If the	date inserte	l in this ble	ock does	not me	et the a	applica								
cument's e	ffective dat	on the De	partmen	t of Sta	ite's red	cords.								
	specifies a day afte				te, bu	ıt not	an ef	fective	e time	, at 12	:01 a.	m. on	the ea	arlier o
. 1	9/8/	16												
				—·		·								
	Žu	1 1	^		00	1	ــــــ		-					

Page 3 of 3

Filing Fee: \$25.00