L16000160105

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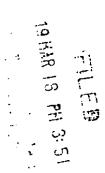
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COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: LION	SGATE ACQU Name of Limi	ISITIONS LI ited Liability Company	_C	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
	RE	ENO HABUL Name of Person		
	LIONEGATE	ACQUISTTO Firm/Company	NS LLC	
	_14651 BISCA	YNE BLVD,	UNIT# 33	3
	NORTH M	IIAM FL 3	3181	
	RENOHA E-mail address: (1	BUL ØØ 7@GM o be used for future annual r	14L COM eport notification)	
For further information cond	cerning this matter, please ca	ili:		
RENO H	ABUL erson	at (<u>786)</u> Area Code	323-90 Daytime Telepho	ne Number
Enclosed is a check for the t	Collowing amount:			
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee. Certificate of Status & Certified Copy radditional 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

(A Florida Li	mited Liability Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on <u>AUGUST 26, 2016</u> and assigned		
Florida document number <u>L 16000160105</u> .			
This amendment is submitted to amend the following:			
·			
A. If amending name, enter the new name of the limited	d liability company here:		
The control of the first test to the control of the	Haiability Company," the designation "LLC" or the abbreviation "L.L.C."		
The new name must be distinguishable and contain the words. Emmed	Thabinty Company: the designation The. of the aboreviation That .		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
	<u> </u>		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
	ان نا ان ا		
	. –		
	red office address on our records, enter the name of the new		
registered agent and/or the new registered office addres	s here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered A	gent:		
provisions of all statutes relative to the proper and com	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	MEENA SHARMA	1465 (BISCAYNE BLVD., UNIT 338 NORTH MIAMI, FL., 33181	D Add
			Remove
			☐ Remove
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			□ Remove
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If an effect <u>Note:</u> If	e date, if other than the date of filing: <u>MARCH 14, 2019</u> (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to the date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	MARCH 14 . 2019
	Signature of a member or authorized representative of a member
	RENO HABUL

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Filing Fee: \$25.00