

L16000166173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

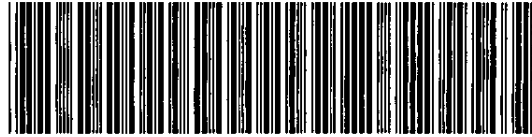
(Document Number)

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17 FEB 21 PM 4:25

O SIMMONS
FEB 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2016

ROXANA GALINDO ****2ND MAILING***
12781 CALDERDALE AVE
WINDERMERE, FL 34786

We have received your document for VOYAGER FILMS L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 216A00025047

** We are not going to add the registered agent
anymore!
Feb 1, 2017.*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

ROXANA GALINDO
12781 CALDERDALE AVE
WINDERMERE, FL 34786

SUBJECT: VOYAGER FILMS L.L.C.
Ref. Number: L16000166173

RECEIVED
2016 NOV 21 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Octavia I Simmons
Regulatory Specialist II

Letter Number: 916A00023458

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VOYAGER Films L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roxana Galindo
Name of Person

Firm/Company

12781 Calderdale Avenue
Address

Windermere, FL 34786
City/State and Zip Code

roxanagalindo42@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roxana Galindo at () 407-756-2411
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

VOYAGER Films L.L.C.

(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 09/06/2016 and assigned
Florida document number L16000166173.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AOK Pictures LLC

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 if 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

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

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
17 FEB 20 PM 5:25
over

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

17 FEB 20 11:25 AM

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 25, 2016

Roxana Galindo
Signature of a member or authorized representative of a member

Roxana Galindo
Typed or printed name of signee