L16000175979

Office Use Only



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COVER LETTER

ΓΟ: Registration Section Division of Corporations	
SUBJECT: Four Story Media UC 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:	
Emori Smith Name of Person	
Firm/Company	
3634 Tackson Branch Rd.	
City/State and Zip Code the offender film@yahoo. com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Emori Smith Name of Person at (850) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

Four Story Media LLC
(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 Sep. 20,206 and assigned lorida document number L16000175979
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The Offender Film LLC
he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Cuter 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)
A
3. 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
, Florida 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

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effectiv	ve date, if other	than the dat	e of filing:			(ont	ORIA Ionali	• 0
lf an effe	ctive date is listed,	the date must be s	specific and can	not be prior to d		re than 90 days afte		
	f the date inserte ent's effective dat				statutory filing	requirements, th	is date will no	ot be listed as
	ord specifies a			, but not a	n effective ti	me, at 12:01	a.m. on th	e earlier of
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Dated _	6/20	17						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00