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PICK-UP WAIT	MAIL
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
subject: <u>Cinemo</u>	logy Unitd., LLC Name of Limi	ited Liability Company	<del></del>
	mendment and fee(s) are sub-	-	
	Briley Detablan	Name of Person	·······
	Cine mology unlid	Fim/Company	
	1107 overbrook Dr	Address	<u></u>
	Ormand Beach, F		<del> </del>
For further information cor	E-mail address: (i	gmail. Com to be used for future annual report notifiall:	fication)
Briley Detablar	Person	at ( <u>384)</u> 831 - 8 Area Code Daytime	309 e 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)
9.5Times A. defension		Stoud Address	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

<u>,                                     </u>	2023 MAR -9 AM 11: 17
iny as it now appears on o Diability Company)	SECRETARY OF STATE FALLAHASSEE, FLUHT
were filed on 10/11	1/2016 and assigned
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oility company here:	
hty Company," the designa	ition "L.f.C" or the abbreviation "L.f.C."
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address on our record	ds, enter the name of the new registered
Enter Florida sti	reet address
200	, Florida Zip Code
Ci <b>ù</b> ,	гір Сой
	hty Company," the designation of

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>	Address	Type of Action
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f an effective date  Note: If the date	s listed, the date must be spec- inserted in this block doe	ific and cannot be prior to date	of tiling or more than 90 day	s after filing.) Pursuant to 605.0207 ts. this date will not be listed as
document's effect	tive date on the Departme	nt of State's records.	amory mile regulement	is. This date will not be fisted as
e record specifies rd is filed.	a delayed effective date, b	out not an effective time, a	12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated <u>Mar (</u>	h 6	2023 leyDetabl		
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	Signatur	e of arrienter or authorized	epresentative of a member	
	r	مماطمهم المحم		
		Briley Detablan		