

LI7000022724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100299040741

05/15/17--01023--017 **25.00

FILED
2017 MAY 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 16 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4K HIGH FILMS LLC
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:

TAMIKA CORBIN

Name of Person

4K HIGH FILMS LLC

Firm/Company

6600 LANDING DR APT 207

Address

LAUDERHILL/ FL 33319

City/State and Zip Code

4KHIGHFILMS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMIKA CORBIN

Name of Person

954 541-61888
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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>
MGR	EUSHAKA JACKSON	6600 LANDINGS DR APT 207	<input type="checkbox"/> Add
		LAUDERHILL, FL 33319	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ROBERT BECKFORD	1265 SW 46TH AVE APT 2202	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 MAY 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[illegible]

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.

Dated APRIL 20TH, 2017

Signature of a member or authorized representative of a member

ROBERT BECKFORD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2017 MAY 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA