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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor		Allen Communication (Communication)	
	Division of Col	- *-	·	
SUBJI	ECT:	4K HIG	H FILMS LLC	
(AL		Name of Lim	ited Liability Company	· ·
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TAMIKA CORBIN		
			Name of Person	
		4K HIG	H FILMS LLC	
			Firm/Company	
		6600 L	ANDING DR APT 207	
			Address	
		LAUD	ERHILL/ FL 33319	
			City/State and Zip Code	<u></u>
			HFILMS@GMAIL.COM	· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
TAMIKA CORBIN		954 541-61888 at ()		
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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

4K F	HIGH FILMS LLC				
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe: Limited Liability Company)	ars on our records.			
The Articles of Organization for this Limited Liability Conference L17000022724	ompany were filed on	JANUARY 30TH, 2	2017	and assig	gned
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limi</u>	ted liability company l	<u>iere</u> :			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or th	ne abbrev	iation "L.L	.C."
Enter new principal offices address, if applicable:			₹		
Principal office address MUST BE A STREET ADDR	<u></u>) SEC	=	and the same of
			至高	HAY	
			SS	5	Parents :
Enter new mailing address, if applicable:			E E		
Mailing address MAY BE A POST OFFICE BOX)			F 0) အ	2
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B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>en</u>	ter the	name o	f the
Name of New Registered Agent:					
New Registered Office Address:					
Registered Office (Iddies).	Enter Fl	orida street address			
		, Florida	l		
	City		7	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>	Name	Address	Type of Action
MGR	EUSHAKA JACKSON	6600 LANDINGS DR APT 207	Add
		LAUDERHILL, FL 33319	□ Remove
			■ Change
MGR	ROBERT BECKFORD	1265 SW 46TH AVE APT 2202	□ Add
		POMPANO BEACH, FL 33069	Remove
			Change
			Add
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Filing Fee: \$25.00