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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor					
	New Light					
SUBJ	ECT:		ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		Jacob Seace				
			Name of Person			
		New Light Films				
			Firm/Company			
412 East Madison St Suite 815						
			Address			
		Tampa, Florida 33602				
			City/State and Zip Code			
		Newlightstudiospro@gmail				
			to be used for future annual report not:	(ication)		
For fu	rther information co	oncerning this matter, please c	all:			
Jacob	Seace		813 4959637			
	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
□ \$2	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



New Light Films 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 413-2017 and assigned Florida document number 82-1177547 L17000076492 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: New Light Studios LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C" 11240 Sullivan St. Riverview, FL 33578 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 11240 Sullivan St. Riverview, FL 33578 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 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 __

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.

City

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			
			□ Add			
		-	□ Remove			
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			Add			
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	the date must be specified in this block does i	ic and cannot be prior not meet the applic	able statutory filing	requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies he 90th day afte			ot an effective tii	me, at 12:01 a.r	n. on the earlier of
led <u>Septemb</u>	er 14 Avrl	<u>2017</u>	 2.coc		
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Filing Fee: \$25.00