## 117000087079

(i	Requestor's Name)
(,	Address)
(,	Address)
((	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	
Wrong +	tom

Office Use Only



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08/27/18--01020--018 \*\*43.75

SECRETARY OF SERE

M. MILLIGAN SEP 1 5 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Ubora Films LLC	
DOCUMENT NUMBER: L17000087079	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Tyrone Timmons Jr.	
<del></del>	Name of Contact Person
Ubora Films	
<del></del>	Firm/ Company
24940 Hyde Park Blvd	
	Address
Land O' Lakes FL 34639	
	City/ State and Zip Code
uborafilms@gmail.com	
	ed for future annual report notification)
For further information concerning this matter, please	e call:
Tyrone Timmons Jr.	at ( ) 220,2051
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 4, 2018

**UBORA FILMS LLC** ATTN: TYRONE TIMMONS, JR. 24940 HYDE PARK BLVD. LAND O'LAKES, FL 34639

SUBJECT: UBORA FILMS LLC Ref. Number: L17000087079

We have received your document for UBORA FILMS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

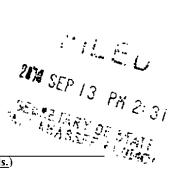
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 718A00018278

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ubora Films LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L17000087079		were filed on April 19,	and assigned	
Florida document númber	,			
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:	24940 Hyde Park Blvd		
(Principal office address MUST BE A STREET AL		Land O' Lakes, FL 34	639	
Enter new mailing address, if applicable:		24940 Hyde Park Blv	d	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE B	$\mathbf{Q}$	Land O' Lakes, FL 34	639	
R. If amending the registered agent and/or r	enistared of	ffice address on our	records enter the name of the no	
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:			records, enter the name of the new	
Name of New Registered Agent:		<u>e</u> :	records, <u>enter the name of the ne</u>	
registered agent and/or the new registered office  Name of New Registered Agent:	address here	<u>e</u> :		
Name of New Registered Agent:  New Registered Office Address:  24	address here	e: Park Blvd Enter Florida stree	r address Florida <sup>34639</sup>	
Name of New Registered Agent:  New Registered Office Address:  La	address here 4940 Hyde P and O' Lakes	e: Park Blvd Enter Florida stree S City		
Name of New Registered Agent:  New Registered Office Address:  24	address here 4940 Hyde P and O' Lakes	e: Park Blvd Enter Florida stree S City	r address , Florida <sup>34639</sup> Zip Code	

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	<u>Address</u>	Type of Action
MGR	Tyrone Timmons Jr		
			Remove
		24940 Hyde Park Blvd Land O' Lakes FL 34639	Change
			Add
		<del></del>	Remove
			Change
			□ Remove
			Change
		_	
			□ Remove
			☐ Change
			Add
		-	☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note: 1	e date, if other than the date of filing:	rsuant to 61 I not be li.	05.0207 sted as t
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 00th day after the record is filed.	the ear	lier of
Sated _	eptember 10 2018		
	Signature of a member or authorized representative of a member		
	Tyrone Timmons Jr.	<u> </u>	25
	Typed or printed name of signee	16	ΣE C2

Page 3 of 3

Filing Fee: \$25.00