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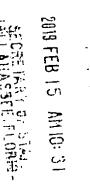
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Special Instructions to I	Filing Officer:	
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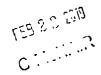
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COVER LETTER

	•	COALKELATER	
TO: Registration Secti Division of Corpo	WII	Thank You!	72.
SUBJECT: Joec	good Pictures	LLC	THE SEE
	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for tiling.	The True
Please return all correspond	ence concerning this matter	to the following:	
·	Christian	Terrande7 Name of Person	
	JUEWOOD	Pictures LLC Firm/Company	
		Firm/Company	
	_	Sawyer Dr.	
		Address	
	Cudjoe k	City/State and Zip Code Than de 2 3 9 3 0 Gm to be used for future annual report notific	<u>. </u>
		City/State and Zip Code	v.
	Christian J Fer E-mail address: (1)	to be used for future annual report notific	arl. Com
For further information con	cerning this matter, please ca	all:	
Christian Fe Name of P	mandet erson	at (<u>305</u>) <u>797</u> – Area Code Daytime T	0681 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)

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

Liability Company as it now appears on our records.) Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 17000120683 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			☐ Remove
			Add
			Remove
			Change
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e: If the dat	if other than the is listed, the date in e inserted in this ctive date on the	block does not	t meet the app	licable statutor	ng or more than ⁹ y filing require	(optional) days after filing nents, this date	.) Pursuant to 605.02 will not be listed a
	ecifies a delaye ay after the re			not an effec	tive time, at	12:01 a.m.	on the earlier
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Filing Fee: \$25.00