L1700013912d

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Inematic UI	SUG 1 S ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	steven sylvestre		
		Name of Person	
	CINEMATIC VISUALS LI	L.C	
		Firm/Company	
	267 ne 42nd et		
		Address	
	Pompano beach fl 33064		
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notific	ation)
For further information c	concerning this matter, please ca	II:	
steven		954 9078813	
Name o	Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: steven sylvestre Name of Person CINEMATIC VISUALS LLC Firm/Company 267 ne 42nd et Address Pompano beach fl 33064 City/State and Zip Code Sylvestre.steven@yahoo.com E-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: n 954 9078813 Name of Person Name of Person Daytime Telephone Number		
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

CINITY AND CHICAGO

company has been notified in writing of this change.

CINEMATIC VISUALS	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	appears on our records.) ipany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L17000139128</u> .	on June 27, 2017 and assigned
This amendment is submitted to amend the following:	1
A. If amending name, enter the new name of the limited liability comp	any here:
CINEMATIC VISUALS LLC	
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)	70
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 720 PH 4:23
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to act is provisions of all statutes relative to the proper and complete performa	

If Changing Registered Agent, Signature of New Registered Agent

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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action $\Box_{l} Add$ □ Remove _□ Change _□ ∧ˈdd _□ Remove _ Change _□ Add _□ Remove _□ Change _D Add _□ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
	7 (n
	20
	100 P II
	PRIDA
Effective date, if other than the date of filing:	filing.) Pursuant to 605,0207 (3)(b
he record specifies a delayed effective date, but not an effective time, at $12.01 a$. The 90th day after the record is filed.	a.m. on the earlier of:
Dated	
Signature of a member or authorized representative of a member	
Steven Sylvestre	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00