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T. MATTHEWS

DEC 15 2021

21 DEC -6 PH 3: 32

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Small Axe Films, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James Lathos Name of Person Small Axe Films Firm/Company 6820 S Dauphin Ave. Address Tampa, Fl. 33611 City/State and Zip Code smallaxefilms@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James Lathos 410 4993963 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ...

OF

Small Axe Films, LLC

21 DEC -6 PH 3: 32

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L17000158247	y were filed on and a	ssignec
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	bility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "	L.L.C."
Inter new principal offices address, if applicable:	6418 BEAVER WAY	
Principal office address MUST BE A STREET ADDRESS)	Tampa, Fl. 33611	
	6418 BEAVER WAY	
Enter new mailing address, if applicable:	Tampa, Fl. 33611	_
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the n	ew reg
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	Enter Florida street address , Florida City Zip Cod	

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		A STATE OF THE STA		
<u>Title</u>	<u>Name</u>	Address 21 DEC -6 PM 3: 32	Type of Action	
			🗆 Add	
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	ate of filing:
e record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2021
November 29,	2021
Dated	ignature of a member or authorized representative of a member

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