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(Document Number)

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17 SEP 13 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
SEP 14 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Anvil Soft Props & Costume LLC  
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:

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17 SEP 13 PM 3:47

Lucie Longford  
Name of Person  
Anvil Soft Props & Costume LLC  
Firm/Company  
14907 Fosgate Rd  
Address  
Montverde, FL 34756  
City/State and Zip Code  
Lucie@anvilprops.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Samson at 863 557 0721  
Name of Person Area Code Daytime 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**

ANVIL SOFT PROPS & COSTUME 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 08/07/2017 and assigned Florida document number L17000167541.

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:**

14907 Fosgate Rd

**(Principal office address MUST BE A STREET ADDRESS)**

Montverde

FL 34756

**Enter new mailing address, if applicable:**

as above

**(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:

Lucie Longford

New Registered Office Address:

14907 Fosgate Rd

*Enter Florida street address*

Montverde

Florida 34756

*City*

*Zip Code*

**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.*

*Lucie Longford*  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard J Samson	14907 Fosgate Rd	<input type="checkbox"/> Add
		Montverde, FL 34756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

FILED  
 17 SEP 13 11:34 AM  
 14907 FOSGATE RD  
 MONTVERDE FL 34756

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FEIN ASSIGNED: 82-2397110

Multiple horizontal lines for amending information.

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SEP 13 2017  
MICHIGAN

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 9TH, 2017

*Lucie Longford*

Signature of a member or authorized representative of a member

LUCIE LONGFORD

Typed or printed name of signee