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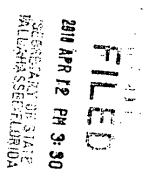
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APR 13 MEN J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	A Jay L	enz F, La LLC. ted Liability Company	
	Name of Limit	ted Liability Company	
v			
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Gera	ID W Turner	
•		Name of Person	
	A Jay	Lenz Film L. Firm/Company	LF,
	1437 N	W 36th Way	
	landerh.	11 FL 33311 City/State and Zip Code	
-		3W + Urner 6 7 @ 9 mg o be used for future annual report notifi	
For further information conc	·		······,
Gevald Name of Pe	W Turner	at (959) 470 - 3	72.67 Telephone Number
Enclosed is a check for the for	ollowing 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**

**************************************	NZ FILM LLC
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L1800049588</u>	npany were filed on <u>Feb, 23, 20/8</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Trimipal office mauress most be A STREET ADDRES	71.0 <b>2</b>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	DOT: NO
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature if changing Registered A	•

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 Type of Action Title Name Address MGR Gerald W Turner 1437 NW 36 th way who Lauderhill, Fl 33311 = Remove \_□ Change MGR Lamont D Turner 1437 NW 36th Way - Add Landerhill, FL 33311 PRemove \_ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add E Change ☐ Change

i amenum	g any other information, enter change(s) here: (Attach additional sheets,	, ij necessury.j		
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***************************************				
If an effective Note: If the document's	ate, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 de date inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 1 th day after the record is filed.	ents, this date will r	not be listed a	s the
Dated	Guldyn	<b>A</b>	98 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
	Signature of a member of authorized representative of a member	# 3% (A) (A) (B) (B)	R I	Albanya Managara
-	Typed or printed name of signee	F. 53	. i	n
	Page 3 of 3	DA CO	* * * * * * * * * * * * * * * * * * *	-

Filing Fee: \$25.00