

L18000050547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Insomnia Pictures 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:

Santiago Echezarreta  
Name of Person

Insomnia Pictures LLC  
Firm/Company

4430 NW 79 Ave, Apartment 2A  
Address

Doral, Florida, 33166  
City/State and Zip Code

film@insomniapicture.com  
E-mail address (to be used for future annual report notification)

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For further information concerning this matter, please call:

Santiago Echezarreta at ( 757 ) 597 - 5511  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
ARTICLES OF ORGANIZATION  
OF

\_\_\_\_\_  
(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 02/26/2018 and assigned  
Florida document number L 18000050547.

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  
registered agent and/or the new registered office address here:**

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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                | <u>Type of Ac</u>                       |
|--------------|----------------|-------------------------------|---|
| MGR          | Nestor Guevara | 4430 NW 79 Ave, Doral Florida | <input checked="" type="checkbox"/> Add |
|              |                | Apartment 2A                  | <input type="checkbox"/> Remove         |
|              |                |                               | <input type="checkbox"/> Change         |
|              |                |                               | <input type="checkbox"/> Add            |
|              |                |                               | <input type="checkbox"/> Remove         |
|              |                |                               | <input type="checkbox"/> Change         |
|              |                |                               | <input type="checkbox"/> Add            |
|              |                |                               | <input type="checkbox"/> Remove         |
|              |                |                               | <input type="checkbox"/> Change         |
|              |                |                               | <input type="checkbox"/> Add            |
|              |                |                               | <input type="checkbox"/> Remove         |
|              |                |                               | <input type="checkbox"/> Change         |
|              |                |                               | <input type="checkbox"/> Add            |
|              |                |                               | <input type="checkbox"/> Remove         |
|              |                |                               | <input type="checkbox"/> Change         |
|              |                |                               | <input type="checkbox"/> Add            |
|              |                |                               | <input type="checkbox"/> Remove         |
|              |                |                               | <input type="checkbox"/> Change         |

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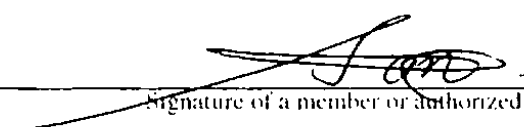
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.020

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 06/20/2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Santiago Echezarreta Fleites  
\_\_\_\_\_  
Typed or printed name of signer