L18000132986

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:		Films, LLC.	
	'	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Wi	llium Foncham Name of Person	<u> </u>
		Name of Person	
	Brott	her Soul Films, LLC Firm/Company) /.
	1110	19th Ave SW Address	
	Vero Beac	L, PL, 3296	,2
	brothe	L, FL, 329k City/State and Zip Code VSOVI Films Q, gm~	il. Com
	·	to be used for future annual report not	nication)
For further information co	ncerning this matter, please co	all:	
William	Foncham	at (954) 934	-6485
Name of		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	•		
☑ S25.00 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		Street Address:	
Registration Se	=	Registration Se	ction
Division of Co		Division of Co.	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L1800</u>0132986 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

Enter Florida street address

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>	Name	Address	Type of Action
MGR	William Foncham	1110 19th Ave, SW	□Add
		Vero Beach, FZ, 32962	□ Remove
			DChange
MGR	Lindsey Fonchum	110 19th Are SW Vero Beach, FL, 32962	ØAdd
		Vero Beach, FL, 32962	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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			□Remove
			□Change
			□Add
			Remove
			Chorne

effect te: If	date, if other than the date of filing:
cord s s filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	October 13 . 2023.
	19. Mar of A
	Signature of a member or authorized representative of a member
	William Foncham
	MITHIWM I DINCHIAM