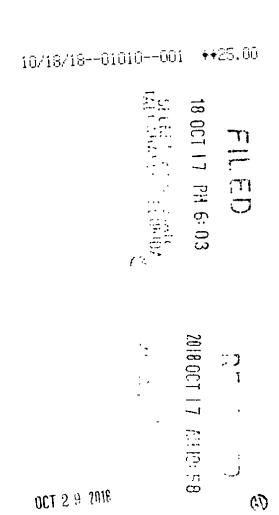
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Landmark Theatre Group, LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Kevin L. Chadwick Name of Person Landmark Theatre Group, LLC Firm/Company 600 1st Ave N. Suite 303E Address St. Petersburg, FL 33701 City/State and Zip Code kwchadwick@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: oni Bisesi 823-0900 Name of Person Daytime Telephone Number nclosed is a check for the following amount: 1 \$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:

**Registration Section** 

**Division of Corporations** 

Ю:

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

Landmark Theatre Group, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our recor liability Company)	<u>'ds.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number L18000145936	were filed on June 13, 2018	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
<del>-</del>			
		i a in	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		_ <del></del>	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		ds, enter the name of the n	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	Бу Сом	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is	
If Char	ging Registered Agent Signstur	o of New Registered Agent	

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

AGR = Manager AMBR = Authorized Member

	Name	<u>Address</u>	Type of Action
_	Kevin L. Chadwick	/ 600 1st Ave N	
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			□ Remove
		St. Petersburg, FL 33701	
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<b>Tective date, if other than the date of filing:</b> an effective date is listed, the date must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pur	rsuant to	605.020
ote: If the date inserted in this block does not meet the applicable statu	tory filing requirements, this date will	not be	listed as
ocument's effective date on the Department of State's records.			
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on	the ea	arlier o
The 90th day after the record is filed.			
ated			
Signature of a member or authorized repr	6		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00