

L18000188396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

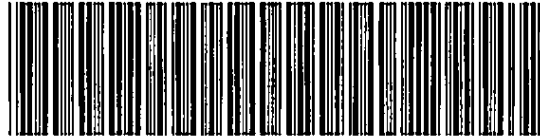
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/22--01017--005 **25.00

3-17-22
TAD
2022 FEB 23 AM 8:42
TALLAHASSEE FLORIDA



February 18, 2022

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To the Florida Department of State, Division of Corporations/Registration Section,

Please find enclosed two documents and one check related to the entity One County Film Company, LLC: FEIN 83-1476386; FL Document Number L18000188396.

1. The articles of amendment to articles of organization form, reflecting a change of address for one officer and business name change for the organization. Note that the desired new name for the organization, Stone Circle Media, LLC, is currently registered as a fictitious name with the state of Florida (registration G18000094511), but a form for cancellation of the fictitious name has been filed concurrent with this amendment. (See item #3 below.)
2. A check for \$25 for the amendment request mentioned above.
3. A copy of the fictitious name registration form mentioned above for cancelling the fictitious name Stone Circle Media. (A check has been mailed separately with the original copy to Fictitious Name Registration, PO Box 6327, Tallahassee, FL 32314-1300).

Please do not hesitate to contact me with any questions related to this matter.

Thank you very much.

Matthew I. Weissman
FL #AC36449
matt@integrity.cpa

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE COUNTY FILM COMPANY, 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:

MATTHEW I. WEISSMAN

Name of Person

INTEGRITY ACCOUNTING ADVISORS

Firm/Company

1770 NW 64TH STREET, STE 300

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

MATT@INTEGRITY.CPA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW I. WEISSMAN

Name of Person

at (954) 533-4197

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 Address:

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**

ONE COUNTY FILM COMPANY, 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 08/07/2018 and assigned
Florida document number L18000188396.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STONE CIRCLE MEDIA, LLC

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)

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

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

MGR = Manager
AMBR = Authorized Member

[illegible]

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NEW YORK, NY
FBI MASSACHUSETTS

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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.

Dated FEBRUARY 17 2022

2022

[Signature]

Signature of a member or authorized representative of a member

TIMOTHY DAVIS

Typed or printed name of signee

Filing Fee: \$25.00