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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Cinematography	Dy Mark LLC Climited Schiller Common
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Cinematogra 600 E Pensaida	Akins Name of Person Mark, LLC Film/Company Gadsden St Address FL 32501 City/State and Zip Code
akins ml	Ess: (to be) sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Mark Akins Name of Person	at (850) 572 - 1458 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Section State	
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

(Name of the Limited Lability E. (A Florida Lim	ompany as it now appears on nited Liability Company)	our records.)					
The Articles of Organization for this Limited Liability Com Florida document number <u>L18000206637</u>	pany were filed on <u>&</u>	29/18	and assigned				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited Cinc NOVA Statios Ll The new name must be distinguishable and contain the words "Limited"			_				
The new name must be distinguishable and contain the words "Vimited	Liability Company," the design	nation "LLC" or the abbi	_				
Enter new principal offices address, if applicable:			25291				
(Principal office address MUST BE A STREET ADDRES	<u> </u>						
		<u> </u>	<u>.</u>				
Enter new mailing address, if applicable:		<u>.</u> .	12				
(Mailing address MAY BE A POST OFFICE BOX)			0.1				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our reco	ds, <u>enter the name</u>	of the new registe				
New Registered Office Address:							
	Enter Florida street address						
		Florida					
	City		Zip Code				
New Registered Agent's Signature, if changing Registered Agent's							
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my as provided for in Chap	duties, and I am fai oter 605, F.S. Or, if	miliar with and this document is				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Iffective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blookoument's effective date on the Department.	be specific a ck does not	nd cannot l meet the	applicab			han 90 day		g.) Pun		
record specifies a delayed effective d is filed.	date, but no	ot an effe	ctive time	e, at 12:01	a.m. on th	ie earlier	of: (b) T	The 900	ih day afte	er the
Dated $8/17/20$	Marine of t	a member	or authoriz	ed represei	ntative of a	member				
Mark										