118000216729

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

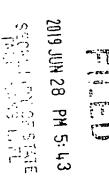
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COVER LETTER

Division of Co	orporations					
UBERL2	AND FILM LLC					
SUBJECT:						
	Name of Lin	nited Liability Company				
The enclosed Articles o	Name of Person Area Code Daytime Telephone Number k for the following amount:					
Please return all corresp	ondence concerning this matter	to the following:				
	Nicholas St Charles					
	4	Name of Person				
	UBERLAND FILM LLC	•				
		F' - 10				
• •						
		Address				
	MIAMI, FL 33231					
		City/State and Zin Code				
	nick@nickstcharles.com	•				
	E-mail address: (to be used for future annual report notif	ication)			
For further information of	concerning this matter, please or	alt:				
Nicholas St Charles		408 499-9118				
		at ()				
Name o	of Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	S30.00 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:

TO:

Registration Section

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

UBERLAND FILM LLC			
(<u>Name</u> of the Lin	uited Liability Company as it now app (A Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited 1.18000216729	Liability Company were filed on	09/12/2018	and assigned
This amendment is submitted to amend the fol	llowing:		
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," th	ne designation "LLC" or the abl	previation "B.C."
Enter new principal offices address, if appli	cable:		9
Principal office address MUST BE A STRE	ET ADDRESS)		- Z 01,882
		<u> </u>	8 7
			CAR THE STATE OF T
Inter new mailing address if auntimable.			ं प्र
Enter new mailing address, if applicable:			- Δ
Mailing address MAY BE A POST OFFICE	<u> </u>		
	 -		_
 If amending the registered agent and egistered agent and/or the new registered or 	/or registered office address office address bere:	on our records, enter (the name of the ne
Name of New Registered Agent:	NICHOLAS ST CHARLES		
New Registered Office Address:	1101 BRICKELL AVE UNIT:	310912	
-	Enter F	lorida street address	
	MIAMI		2.34
	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.

f 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> <u>Address</u> Type of Action _ 🗆 Add _____ Remove

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Filing Fee: \$25.00