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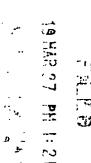
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COVER LETTER

TO:	Registration Se Division of Corp				
	Parkland Fi	Im LLC			
Name of Limited Liability Company					
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Conor Riley			
	Name of Person				
		Parkland Film LLC			
			Firm/Company		
	242 Algiers Ave				
	Address				
	Fort Lauderdale, Florida 33308				
City/State and Zip Code					
		Redstoneig@gmail.com	to be used for future annual report notif	ication	
For furt	her information ed	oncerning this matter, please ca			
Conor :	Riley		954 579-04H		
	Name of	Person	at () Area Code Dayting	Telephone Number	
Enclose	ed is a check for th	e following amount:			
□ \$25	i.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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parkland Film LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.18000216855}{}$.	ny were filed on September 12, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	242 Algiers Ave	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33308	. 5
		<u> </u>
		27 7
Enter new mailing address, if applicable:		TI TI
(Mailing address MAY BE A POST OFFICE BOX)		
		× 70
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	121	
	Florida	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan, John A., Jr.	4629 Forman Ave Toluca Lake, California 91602	
			■ Remove
			☐ Change
			
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			🗆 Change
			Remove
			☐ Change
			□ Remove
			Change

. ·	nge(s) here: (Attach additional sheets, if necessary.)
-	
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<u> </u>	
	.
	
C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not mee document's effective date on the Department of State	nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (It the applicable statutory filing requirements, this date will not be listed as t
f the record specifies a delayed effective dat b) The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
Dated Janet 15.	2019 mber of authorized representative of a member
Signature of a mer	mber of authorized representative of a member
/ → ➤ Conor Riley	*

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Typed or printed name of signee

Filing Fee: \$25.00