

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	: 12000000195	
REFERENCE	: 450066 4359881	<u>₩</u> ;
AUTHORIZATION	Spellelenan	007
COST LIMIT	: \$ 25.00	
ORDER DATE : October 18, 2018		ب ابا ابا
ORDER TIME : 3:04 PM	1.	
ORDER NO. : 450066-005		
CUSTOMER NO: 4359881		
DOMESTIC AM DOMESTIC AM NAME: CENTURY FALLS	MENDMENT FILING	
EFFECTIVE DATE:		
ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO	ORPORATION	
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	
CERTIFIED COPY XXX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	~#*.	FALLS LLC		
SUBJEC	-1: <u></u>	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Ronna Zack		
			Name of Person	
		Patzik, Frank & Samotny	Ltd.	291 001
			Firm/Company	95
		200 South Wacker Dr., Su	nite 2700	
			Address	
		Chicago, IL 60606		ب
		12-7	City/State and Zip Code	١, ٥
		NWilner@Cbiz.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please c	all:	
Ronna Z	Lack		312 551-3054 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	ne following amount:		
5 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(2) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	City	Zip Code
	C1.	orida
New Registered Office Address:	Enter Florida street addres	22
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the nev
D. Ife and the state of the sta		ب ب
		> 111
(Mailing address MAY BE A POST OFFICE BO	X)	33
Enter new mailing address, if applicable:		
		1
		<u>E</u> ;
Principal office address MUST BE A STREET A		
Enter new principal offices address, if applicabl	ie:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
This amendment is submitted to amend the following	•	
Florida document number L18000235769	·	
The Articles of Organization for this Limited Liabi	ility Company were filed on October 4, 2018	and assigned
(Name of the Limited)	Liability Company as it now appears on our record	ds.)
CENTURY FALLS LLC (Name of the Limited) (A	Liability Company as it now appears on our record Florida Limited Liability Company)	ds.)

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, 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
MGR	William Shiner	16 Meadowview Dr,	=≅ Add
		Northfield, IL 60093	□ Remove
			☐ Change
MGR	Noel Wilner	225 W. Wacker Dr., #2500	
		Chicago, IL 60606	≅ Remove
			Remove U
			□ Cfrange
			□ Remove
		-	□ Change
			□ Remove
			Change
			☐ Remove
			Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the a ument's effective date on the Department of State's rec	prior to date of filing or more than 90 days after filing.) Pursuant to pplicable statutory filing requirements, this date will not be	605.6 liste
record specifies a delayed effective date, bune 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the ea	ıdie
October 18 , 2018	·	
α		
- Roma Jack	authorized representative of a member	

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Filing Fee: \$25.00