118000245956

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
	vengeance	movie, llc		
SUBJE	CT:	Name of Lim	ited Liability Company	
			7	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		mike mayhall		
			Name of Person	
			Firm/Company	
		2510 destin st		
			Address	
		mandeville, la 70448		
		mayhemprod@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	lication)
For furt	her information c	oncerning this matter, please ca	ıll;	
mike m	ayhall		818 445-8499	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vengeacemovie, ne		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
(A	Piorida Limago Liability Company)	. 2
	5 10-18-2018	
he Articles of Organization for this Limited Liab		and assigned
orida document number 1.18000245956		•
orda document namoer	·	• •
nis amendment is submitted to amend the follow	ino:	•
as tanendinent is submitted to tanend the follow	6.	
. If amending name, enter the new name of the	he limited liability company here:	ćŚ
in uniciting manie, effect the new manie of the	the indica habite, company nere.	ري
		. –
e new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
C		
nter new principal offices address, if applicab	le:	
• •		
<u> Principal office address MUST BE A STREET .</u>	ADDRESS)	~
		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	O.Y.)	
duting duaress WAT BEAT OST OFFICE De	<u></u>	
	registered office address on our records,	enter the name of the
gistered agent and/or the new registered office	ce address here:	
Name of New Registered Agent:		
		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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

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	Mike Mayhall	2510 Destin St Mandeville, LA 70448	Add
			□ Remôve
			Change
			Remove
			☐ Change
			Add
			Remove
			_ □ Change
			□ Add
		 	□ Remove
			☐ Change
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		 	Add
			Remove
			Change

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effective date is listed, the date n :: If the date inserted in this	nust be specific and cannot be prior to date of filin	(optional) g or more than 90 days after filing.) Pursuant to 605.0 y filing requirements, this date will not be listed
ecord specifies a delay ne 90th day after the re		tive time, at 12:01 a.m. on the earlie
11/21 d	2018	
	10, 2007	
	Signature of a member or authorized represen	ntative of a member

Page 3 of 3

Filing Fee: \$25.00