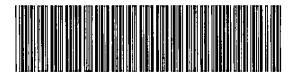
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COVER LETTER

	tration Sec on of Corp		5	
SUBJECT:	DARK I	IORSE CINEMA LLC		
		Name of Li	nited Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all	l correspon	dence concerning this matte	r to the following:	
		CHRISTOPHER M. C	ABRERA	
			Name of Person	
		DARK HORSE CINEM	AA	
			Firm/Company	
		6485 W 24th Avenue.	#602	
			Address	
		Hialeah, Florida 33010	,	
		chriscabreramgmt@gmail.c	City/State and Zip Code	
		· = =	to be used for future annual report noti	fication)
For further infor	mation con	cerning this matter, please c	all:	
Christopher M.	Cabrera		786 661-5581	
	Name of P	erson	Area Code Daytime	e Telephone Number
Enclosed is a che	eck for the	following amount:		
□ \$25.00 Filing	g 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}
<u>Mai</u> ling	Address:		Street 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**

DARK HORSE CINEMA

DAKK HORSE CINEWIA		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our rec	ords.)
(A Florida Limited	Liability Company)	ويترا
The Amillion of One of the Control of the Amillion of One of the Control of the C	10/02/2010	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned.
Florida document number L18000250294		7
		3
This amendment is submitted to amend the following:		=
A 10		3 5
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	<u>.</u> — —
BRERA PRODUCTIONS LLC		· Ū
The new name must be distinguishable and contain the words "Limited Liabil	hity Company "the design of or	1.67
garantee to contain the words termined to about	nty Company, incidesignation L	CC or the appreviation "L.E.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
- Marie Miles address MOST BE A STREET ADDRESS)		
		,
Entar now modified address to		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Elfomonding the anxiety of the second		
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addr	ess
		ess F lorida Zip Code

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 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
-	<u> </u>		□Add
			□Remove
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record specifies a delayed effective d is filed.	e date, but not an effective	e time, at 12:01 a.m. or	n the earlier of: (b) The 90	th day after the
JUNE 24TH Dated	2020			
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		- -		
	renature of a member or ac	thorized representative o	f a member	
CHRICTONIER	M. CADRED.			
CHRISTOPHER	M. CABRERA			