## 118000282015

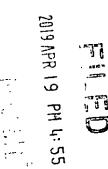
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C. GOLDEN

## COVER LETTER-

	tration Section of Corp				
		ary Movie, L.L.C.			
SUBJECT: _	Name of Limited Liability Company				
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return al	li correspon	dence concerning this matter	to the following:		
		Ann Fishman, Esquire			
			Name of Person		
		Liberty Productions, L.L.C	. DBA Night Dove Pictures		
			Firm/Company		
	550 Okeechobee Boulevard Apt. 1011				
			Address	<del></del>	
		West Palm Beach, Florida	33401		
			City/State and Zip Code	<del></del>	
		nightdovepictures@gmail.co			
		E-mail address: (	to be used for future annual report notif	ication)	
For further info	ormation co	ncerning this matter, please ca	all:		
Ann Fishman,	Esquire.		561 310-8822		
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a c	heck for the	following amount:			
\$25.00 Fili	ing 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



2019 APR 19 PM 4:55

The Articles of Organization for this Limited Liability Company were filed on L1800282015  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Arms Control, L.L.C.  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
A. If amending name, enter the new name of the limited liability company here:  Arms Control, L.L.C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	of Organization for this Limited Liability Company were filed on 12/7/2018 and assigne
Arms Control, L.L.C.  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C" or the abbreviation "L. Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	nent is submitted to amend the following:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	ling name, enter the new name of the limited liability company here:
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Enter Florida street address	must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	orincipal offices address, if applicable:
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	ffice address MUST BE A STREET ADDRESS)
New Registered Office Address:  Enter Florida street address	nding the registered agent and/or registered office address on our records, enter the name of t
Enter Florida street address	me of New Registered Agent:
	Enter Florida street address
, Florida,	, Florida, Florida
City Zip Code  New Registered Agent's Signature, if changing Registered Agent:	·

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	uthorized Member <u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			Change
			🗖 Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Note:	tive date, if other than the date of filing: (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Data	fort 11, 2019
Date	Ann Filmen  Signature of a member or authorized representative of a member.
	Signature of a member or authorized representative of a member
	Ann Fishman, Esquire

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Typed or printed name of signee

Filing Fee: \$25.00