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## **COVER LETTER**

TO: Registration Se Division of Cor				
	gical Media, LLC			
SUBJECT:	Name of Lim	ited Liability Company	·····	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Margie F. Geddes			
		Name of Person		
	CineMagical Media, LLC			
		Firm/Company	2021 SEC TA	
	151 W Del Monte Ave		I JUL CRET ALL!	n
		Address	馬 上	
	Clewiston, FL 33440		PM SSEE	
		City/State and Zip Code	PM 2: 14 OF \$TATE SEE, FL	O
	mgeddes727@aol.com		· •	
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report noti	fication)	
Margie F. Geddes	oncerning and maner, preuse o	863 673-1406		
	of Person	at ()	e Telephone Number	
Name o	or Person	Area Code Daytim	ie Telephone Punicer	
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is er	tus &
Mailing Addres		Street Address:	ation	
Registration : Division of C		Registration Se Division of Cor		
P.O. Box 632	27	The Centre of T	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CinemaMagical Media, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 06/06/2019 and assigned
Florida document number L19000150337	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
CineMagical Media, LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2021. T/1
(Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	OF S SSEE, B
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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 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 Title Name **Address Type of Action**  $\square$ Add □Remove ☐ Change  $\square$ Add Remove □ Change □Remove ☐ Change  $\square$ Add □Remove Change  $\Box$ Add □Remove □ Change  $\square$  Add Remove

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Effective de	ate, if other than th	e date of filin	ıa.		lor	tional)		
(If an effective of	date is listed, the date mu date inserted in this b	ist be specific an	d cannot be prior	to date of filing or mo	re than 90 days al	fter filing.)	Pursuant to 6	505.0207 (3 isted as th
document's	effective date on the I	Department of	State's records.	·····				15100 05 11
ne record spec	cifies a delayed effecti	ve date hut no	t an effective tir	ne at 12:01 a.m. o	n the corline of	(b) The	OOth day a	for the
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Dated	$m_{10}$ Juna 2	<u>(</u> ካ	2021					

Typed or printed name of signee