L19000246001

| (Re | equestor's Name) | |
|-------------------------|------------------------|-----------|
| (Ac | ldress) | |
| (Ac | ddress) | · |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | J. HORNE OCT 1 6 20 | - |
| | 20, | 61 |

Office Use Only



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09/03/24--01042--025 **25.00



September 10, 2024

LINDSEY STRUBE BYNUM LINDSEY BYNUM FILMS 11209 ROSE DOWN COURT WINDERMERE, FL 34786

SUBJECT: LINDSEY BYNUM FILMS, LLC

Ref. Number: L19000246001

We have received your document for LINDSEY BYNUM FILMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "COMPANY." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT Regulatory Specialist III

Letter Number: 324A00020252



COVER_LETTER

| | Registration Sec Division of Corp | | | |
|---|--------------------------------------|---|---|--|
| cup ucc | | BYNUM FILMS, LLC | | |
| SUBJEC | l; <u></u> | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | um all correspo | ndence concerning this matter | to the following: | |
| | | LINDSEY STRUBE BYN | гUM | |
| | | - | Name of Person | |
| | | LINDSEY BYNUM FILM | 15 | |
| | | Firm/Company | | |
| | | 11209 ROSE DOWN COU | JRT | |
| | | | Address | |
| | | WINDERMERE, FL 3478 | 36 | |
| | | | City/State and Zip Code | _ - |
| | | LINDSEYSBYNUM@GM | | |
| For furthe | r information co | h-mail address: (| to be used for future annual report not all: | uncation) |
| | Y STRUBE BY | - | 407 404 0424 | |
| | Name of | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ≣ \$25.0 | 0 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 Addres | | Street Address: Registration S | ection |
| Registration Section Division of Corporations | | Division of Corporations | | |
| | P.O. Box 632 | | The Centre of | |
| | Fallahassee, I | TL 32314 | Z415 IN. IVIOND | oe Street, Suite 810 |

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OC 10 11110:

| LINDSEY BYNUM FILMS, LLC | | |
|--|---|--------------------------------|
| (Name of the Limited Liability (A Florida | Company as it now appears on our record limited Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Co | mpany were filed on 10/10/2019 | and assigned |
| Florida document number L19000246001 | <u>-</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| TILLOO CREATIVE, LLC | | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter | the name of the new register |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | P. C. II. | |
| | Enter Florida etreet addres | · · |
| | | orida |
| | 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------|-------------|----------------|
| | | | □Add |
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Page 2 of 3

| - | n, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| Effective date, if other than the date of an effective date is listed, the date must be solve: Note: If the date inserted in this block of the date on the Department's effective date on the Department. | te of filing: | .0207 ed as |
| e record specifies a delayed eff The 90th day after the record | ffective date, but not an effective time, at 12:01 a.m. on the earlied is filed. | er o |
| SEPTEMBER 30 lated | 2024 | |
| | | |
| | mature of a member or authorized representative of a member | |
| > Sign | | |
| | Lindsey Strube Bynum | |

Page 3 of 3

Filing Fee: \$25.00