# 20 00023886

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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: Little Satchmo Documentary LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Claire Guest Name of Person Firm/Company 21 S. Oaks Cir Address Asheville, NC 28806 City/State and Zip Code julieclaireguest@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>828</u>) <u>301-4322</u> Area Code Daytime Telephone Number Julie Claire Guest Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing 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

Little Satchmo Documentary LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited )	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000023886</u> This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21 S. Oaks Cir
(Principal office address MUST BE A STREET ADDRESS)	Asheville, NC 28806
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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Sharon Preston-Folta	
New Registered Office Address	4390 Woodview Drive	Florida street address
	Sarasota	, Florida <u>34232</u> Zip Code
	City	ZφCoue

#### 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</u> being added or removed from our records:

### MGR = Manager AMBR = Authorized Member

. .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sharon Preston-Folta	4390 Woodview Drive	■Add
		Sarasota, FL 34232	🗋 Remove
			Change
MGR	Julie Claire Guest	21 S. Oaks Cir	🖬 Add
		Asheville, NC 28806	🗆 Remove
			Change
MGR	John Alexander	21 S. Oaks Cir	🖬 Add
		Asheville, NC 28806	🗆 Remove
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			Change
			🗆 Add
			🗆 Remove
			Change



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Signature of a member or authorized/representative of a member Lea D Umberger