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(Requestor's Name)
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COVER LETTER

TO: Registration & Division of Co		,	1	
SUBJECT:		VE FILM & MEDIA, LLC		
	Name of Li	mited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		Jose De Cardenas		
		Name of Person		
		Innovative Film & Media	LLC	
		Firm/Company		
		3529 SW 113th PL.		
		Address		
		Miami, FL. 33165 City/State and Zip Code	<u> </u>	
		bookings.ifm@gmail.com		
	E-mail address:	(to be used for future annual re	port notification)	
For further information of	concerning this matter, please o	all:		
. 5	0.1		070 7047	
	Cardenas f Person	at (<u>305</u>) Area Code	978-7017 Daytime Telepho	one Number
	-		,	
Enclosed is a check for the	he following amount:		-	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
W. W		P44 4 13		
Mailing Addres Registration S		<u>Street Add</u> Registrat	ress: ion Section	
Division of C		_	of Corporatio	ns
P.O. Box 632	•		re of Tallahas	
Tallahassec, I	FL 32314	2415 N. i	Monroe Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE	E FILM & MEDIA, LLC	<u> </u>
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 01/31/2020	and assigned
Florida document number L20000038248	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	202
	•	
Enter new mailing address, if applicable:		(G) F
(Mailing address MAY BE A POST OFFICE BO	<i>α</i> λγ	7
Totaling address MICL PROTECTION		<u></u>
		32
B. If amending the registered agent and/or reg agent and/or the new registered office address	sistered office address on our records, <u>enter th</u> <u>here</u> :	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Flori	
	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 a mending 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	<u>Name</u>	Address	Type of Action
CEO	De Cardenas, Jose Angel	17625 SW 92nd Ct.	□Add
		Miami, FL. 33157	MRemove
			[]Change
COO	Thompson, Ashley Anderson	3529 SW 113th Place	(DAdd
		Miami, FL. 33165	MRemove
			□Change
AMBR	De Cardenas , Jose Angel	17625 SW 92nd Ct.	Add
		Miami, FL. 33157	□Remove
AMBR	Thompson, Ashley Anderson	3529 SW 113th Place	
		Miami, FL. 33165	C Filkermore .
			3: Change
			ÜAdd
			(E)Remove
			Change
			(Del

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Filing Fee: \$25.00