-	Florida Department of State
	Division of Corporations Electronic Filing Cover Sheet
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	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : AGENTS AND CORPORATIONS, INC Account Number : 720010000112 ~ Phone : (302)575-0875 Fax Number : (302)575-1642 >
Enter the email annual repor Email Addres	cφ address for this business entity to be used for fm t mailings. Enter only one email address please. s:
LLC AM	ND/RESTATE/CORRECT OR M/MG RESIGN CONSTELLATION FILMS, LLC
	Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00
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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT H20002764213 ТО ARTICLES OF ORGANIZATION OF

CONSTELLATION FILMS INC.

CONSTRUCTION FILMS, LLC		
(Name of the Limited Linbility Co	INDERVOS IL ROY ADDOLLS AD AND FRANK	<u></u>
(A Florida Lim	ind hability Company)	5
The Articles of Organization for this Limited Liability Comp		
The first of gamma for this climited Liability Comp	any were filed on JULY 7, 2020	and assigned
Florida document number 1.20000193629	_	
This amendment is sub-first to		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the training		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "I I C"	an alter at the second s
Enter new principal officer address in the		or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS))	
Enter new mailing address, if applicable:		20
(Mailing address MAY BE A POST OFFICE BON)		
B. If amonding the particular		
B. If amending the registered agent and/or registered uffic agent and/or the new registered office address here:	e address on our records, <u>enter</u> th	e name of the new realstore
and the new registered office andress here:		
		တ္ တို
Name of New Registered Agent:		
		
New Registered Office Address:		
	Enter Florida street address	·
	, Flori	da
New Registered Agent's Signature, if changing Registered 4	*	Zip Code

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

•

Title	Name	Address	Type of Action
AMBR	STARS NORTH, LLC	8619 BAY VIEW COURT	
		ORLANDO, FL 32836	_
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(index dualitional sheets, if necessary)

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

.

E. Effective date, if other than the date of filing: ________________(Optional) (If an effective 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)(b) Note: if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated August 12	2020	
	······································	
	Greg Galloway Signature of a member or nuthorized repre	For GREGGALLOWAY.COM, P.A.
	Greg Galloway	
	fyped or printed name of	Signce

Filing Fee: \$25.00