Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086

Phone : (916)576-7000

Fax Number : (800)603-5868

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXIT HERE FILM LLC

Certificate of Status	0
Certified Copy	0
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A. LUNT

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Corporate Filing Menu

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To: 18506176383 From: 19165767036 Date: 07/01/21 Time: 3:31 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXIT HER	RE FILM LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>08/12/2020</u>	_ and assigned
Horida document number 1.20000244892		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Line Between LLC		· · · · · · · · · · · · · · · · · · ·
Line Between T.I.C.  The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbre	viation "Liti.C."
Enter new principal offices address, if applicable:		21 YES
(Principal office address MUST BE A STREET ADDRESS)		G PA
		DORFO PH
Enter new mailing address, if applicable:		NA A
(Mailing address MAY BE A POST OFFICE BOX)		3 THE
		XS
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the</u> nere:	e name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	, Florida	
	Ciņ:	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

To: 18506176383 From: 19165767036 Date: 07/01/21 Time: 3:31 PM Page: 04/05

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
AMBR	Prem Lorenzen	701 Brickell Key Blvd, Apt 1103	<b>⊠</b> Add
		Miami, FL 33131	Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			21 del
			SECRETARY OF STATE SIVISION OF CORPORATIONS 21 JUL - Kd PM 22 32 Change
			F STATI
			Chang€
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			☐ Change

.J.		n, enter change(s) here: (Attach addit	intermitation, y reconstructory
	also adding a member and business purpor Photography, Video Production, and arch		
	Thotography: Viaco Floradetton, into acci-		
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			32 776
			${\mathfrak C}$
E.	Effective date, if other than the d	ate of filing:	(optional)
	Note: If the date inserted in this bloc	k does not meet the applicable statutory iii	more than 90 days after filing.) Pursuant to 605,0207 (3)(b) ing requirements, this date will not be listed as the
	document's effective date on the Dep	artment of State's records.	
		ee k b. kk affacking	stime at 12:01 a.m. on the garlier of:
If (b	the record specifies a delayed on the specifies the second of the second	effective date, but not all effective rd is filed.	e time, at 12:01 a.m. on the earlier of:
`	,		
	DatedMay 4		-

Typed or printed name of signee

Lyzbeth Lara