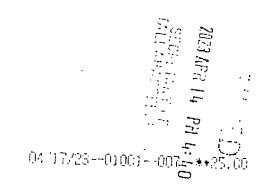
L2100003612

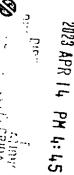
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Special Instructions to Filing Officer:				
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Office Use Only



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2023 APR II. BY

COVER LETTER

1'D: Registration Section Division of Corp			
st BJECT:	Film Fac	ted Liability Company	(((
	mendment and fee(s) are subr	-	
, i		Hawk Name of Person	
	_	Actory 318 Ll	
		Cher Hwy Address	
	Film Fac E-mail address: (1	City/State and Zip Code + VY 3/8 Ogmo o be used for future annual report notifice	rrom (ation)
:) further information co	ncerning this matter, please ca	ill:	
Sond eria Name of	- Hauk Person	at (863) 594 Area Code Daytime	Felephone Number
closed is a check for the \$\times 525.00 Filing Fee	e following amount: ☐ \$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 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

2023 APR 14 PH 4:40 ARTICLES OF ORGANIZATION ... Articles of Organization for this Limited Liability Company were filed on 12-23-2020 and assigned 1 . Ada document number <u>L210000361</u>2 ... amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: bew name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." ".: ter new principal offices address, if applicable: Anneipal office address MUST BE A STREET ADDRESS) . after new mailing address, if applicable: : Iniling address MAY BE A POST OFFICE BOX) Il amending the registered agent and/or registered office address on our records, enter the name of the new registered is that and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

1. 3 Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and Lept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is x x filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability rany has been notified in writing of this change.

Cirv

_, Florida

... amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added ar removed from our records:

York = Manager VMBR = Authorized Member

'+ :* <u>10</u>	Name	Address	Type of Action
4mBR	James Andre	115 Edgewater DR	CAdd
		115 Edgewater OR Winter Haven F1 33881	□Remove
			□Change
AMBK	Ian Anderson	2933 Dudley DR	L'Add
		2933 Dudley DR Bartow Fl 33830) □Remove
			□Add
			©Remove
			□Change
			□Add
		-1	□Remove
			□Change
			□Add
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