10/2/23, 12:19 PM

Division of Corporations

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Fax Number

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

ာက္သည္။ ဗြင္ဆိုEmail Address:\_powerstroke229@yahoo.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEGRO KNIEVEL FILMS LLC

Certificate of Status	0
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CJT - 3 2

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NIEVEL FILM		
(Name of the Limited Liabili (A Florida	ty Company as it now ar a Limited Liability Compa	ppears on our records.) iny)	
The Articles of Organization for this Limited Liability Con Florida document numberL21000012489	• •	01/14/2021	and assigned
This amendment is submitted to amend the following:			
\ A. If amending name, enter the new name of the lim	ited liability compan	v here:	
J. DELVA	FILMS, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company,"	the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		<u> </u>
			_
			ı
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del>ः</del>
	~		
			<b>~</b>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on o	ur records, <u>enter the nam</u>	ie of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
		, Florida	
	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 Chaoging Registered Agent, Signature of New Registered Agent

10/2/2023 ,9:24 AM TO: +18506176383 FROM: 19416251526

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	<u>Address</u>	Type of Action
		<del>-</del>	Add
			□Remove
			□Change
			Add
			□Change
		bba□	
		□Remove	
			□Change
		□Add	
			□Add
		□Remove	
			□ Change
			□Add
		<del></del>	Remove

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ive date, if other than the date of filing:  [cetive 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
e reco	rd 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 led.
Dated	OCTOBER 2ND 2023
	- W
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00