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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Foldie Round Films La. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Firm/Company	
tol Calle L URB RAMEY	
Address Address Address City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DAVIS (King at S13, 727-3700	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee. Certificate of Status \$\Bigcup \\$additional copy is enclosed)\$ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. 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 ARTICLES OF ORGANIZATION

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On Padde Ra	ind	Films	LET MEY M	PH 3: 41
(Name of the Limited Liability Compar (A Florida Limited L	<u>ny as it now</u> Liability Con	appears on our r apany)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed	on <i>Da/</i>	33/3031 ar	ıd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility comp	any here:		
The new name must be distinguishable and contain the words "Limited Liabili	Uto Comment	. 17 ali di di addini	of LOW on the although at	on "I I C "
	ity Company	v, the designation	LIC of the apprevian	011 12.12.0.
Enter new principal offices address, if applicable:				-
(Principal office address MUST BE A STREET ADDRESS)			<u></u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on	ı our records, <u>ç</u>	enter the name of th	<u>e new register</u>
Name of New Registered Agent:				
New Registered Office Address:				

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. Florida

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 = Man AMBR = Auti	nager horized Member		。	
<u>Title</u>	<u>Name</u>	Address	in DM 3: 41	Type of Action
MGR	TMFD Media Service	<u>s</u>	1 Makefield Rd. Apt	_ □ Add
				_ PRemove
		M	orrisville, PA 19067	_ 🗆 Change
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	mation, enter change(s) here: (Attach additional sheets) if necessary)
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Note: If the date inserted in this	he date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
record specifies a delayed effect distilled.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7 V O
	
	Signature of a member or authorized representative of a member

Typed or printed name of signee