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Certified Copies	_ Certificate	s of Status
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## **COVER LETTER**

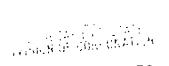
Division of Co			
SUBJECT:	Patrna Blanc Film	ork LU ted Liability Company	
The enclosed Articles (	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
	<u> </u>	Vanny Ratrigiez Name of Person	<u> </u>
••	Palma	a Blanc Films LLC Firm/Company	
	12001 F	Torida Woods Ln.	
		City/State and Zip Code	
	E-mail address: to	cestucran@gmail.com to be used for future annual report not	mitication)
For further information	n concerning this matter, please ca	all:	
<u> </u>	ny Rodriguez e of Person	at ( <u>454</u> ) <u>258</u> - Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio	n Section	Street Address: Registration Se	
Division of P.O. Box 6	Corporations 327	Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR 19 PH 3: 50 Palma Blanc Films LLC
e Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 19th, 2021 and assigned Florida document number L21000129909 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

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 = Ma AMBR = Au	nager thorized Member		CATALOR OF OUR OF ARTHUR	
<u>Title</u>	<u>Name</u>	Address	21 APR 19 PM 3: 50	Type of Action
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			do, FL 32824	
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an effective date iote: If the date	is listed, the date must be inserted in this bloc ctive date on the Dep	ne specific and earlies k does not me	annot be prior to e et the applicabl	date of filing or n le statutory filin	iore than 90 days aft	er filing.) Pursuant t	o 605,0207 (2 e listed as th
record specifie Lis filed.	s a delayed effective (	date, but not ar	n effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day	afier the
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