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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Less States Film Company 3083 River Side Jr. Address Cord Spiness 74 33065 Ciry/State and Jip Code
E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Ina Escalar at 1786) 740 2276. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is erclosed) Certified Copy radditional copy is erclosed.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Citcle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 20 PM 12 21

(Name of the Limited Liability Com) (A Florida Limited	pany as it now appears on our records.) - HASSEELT TO M. Thiability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L ZLWO180841</u> .	by were filed on $4/19/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18300 Wist dixie highwest. Miami Beach TL 33160.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18300 wist Lixie highway. Micm. Brach FL 33160.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nevere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florid: street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	City Zip Code

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

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 Type of Action Title Name Address Sale, School of 1989 He 1637d, street 0 Add ☐ Change □ Add _□ Remove ____ □ Change _____ 🗆 Add □ Remove _□ Change □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

____ Change

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Filing Fee: \$25.00