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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	Film L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
·	·		
	Sabina Vajraca		
		Name of Person	
	For Buraz Film L.L.C.		
		Firm/Company	
	3708 Watseka Ave, #30	5	
		Name of Person  L.L.C.  Firm/Company  Ave. #305  Address  A 90034  City/State and Zip Code  .com  Taddress: (to be used for future annual report notification)  r. please call:  917 658-9924  at (	
	Los Angeles, CA 90034		
		City/State and Zip Code	
	svajraca@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Sabina Vajraca			
Name o	t Person	Area Code Daytin	ne Telephone Number
Unclosed is a shoot first	na fallanging gmannt		
Enclosed is a check for the		7	- 040 40 MM - 15
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Registration S		_	
Division of C		Division of Co	•
P.O. Box 632	. /	The Centre of	i ananassee

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reco nited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Complorida document number L21000250331	pany were filed on 05-28-2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
Gemini Snake Productions L.L.C.		
the new name must be distinguishable and contain the words "United	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	2022 AUG - 3 Phenewices SERREDALLY OF the name of the party of the name of the party of the name of the party of the name of t
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	vss
	, <b>l</b>	Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

For Buraz Film L.L.C.

Thereby 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Change
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fective date, if other than th	e date of filing:			(	optional)		
in effective date is listed, the date mi	ast be specific and c	annot be prior to	date of filing or n	nore than 90 days	after filing.)	Pursuan	1 to 605,020
ote: If the date inserted in this becument's effective date on the I			ie statutory imi	ig requirements	, tills date v	viji not	De fisicu a
record specifies a delayed effecti is filed.	ve date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier c	f: (b) The	90th da	ay after the
July 28		2022	.•				
	// \	1 1					
	Signature of a me	wher or authori	zed representative	of a member			