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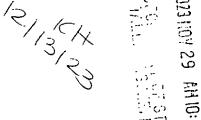
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Codifical Continues Codification of Chapter |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Cor | rporations | | | |
|---------------------------------|-------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------|
| Sore Eye F | ilms LLC | - | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | |
| | Carrie Carusone | | | |
| | | Name of Person | | |
| | Sore Eye Films LLC | | | |
| | | | | |
| | 956 Allegro Ln | | | |
| | | | | |
| | Apollo Beach, FL 33572 | | | |
| | | City/State and Zip Code | | |
| | sore.eye.films@gmail.com | to be used for future annual report notifi | cation) | |
| For further information of | concerning this matter, please c | | | 7173 |
| Carrie Carusone | | 352 275-4990 at () | | 2 NG. |
| Name o | of Person | | Telephone Number | 7023 110V 29 AH 10: 52 |
| Enclosed is a check for t | he following amount: | | 77 | ب |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) | & |
| Mailing Addre | ss: | Street Address: | tion | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section

TO:

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 OF

| Sore Eye Films LLC | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our records.) i Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | Company were filed on 06/30/2021 | and assigned |
| Florida document number L21000302126 | | <u> </u> |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| The new name must be distinguishable and contain the words "Limi | ited Liability Company," the designation "ELC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | PESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered | | |
| B. If amending the registered agent and/or registered | office address on our records, <u>enter the nam</u> | e of the new registere |
| agent and/or the new registered office address here: | | 04 S |
| AL CALL BUT AL | | • |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street address | 52 ATE |
| | , Florida | · · · · · · · · · · · · · · · · · · · |
| | Circ | Zin Carla |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|-------------------------------------------------|
| AMBR | Evan Barber | 956 Allegro Ln Apollo Beach, FL 33572 | ∃ Add |
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| fective date, if other than the c | late of filing: | | · . | (optional) | | 22 |
| in effective date is listed, the date must ofte: If the date inserted in this bloom | ck does not meet the | applicable statute | ory filing requir | onents, this date | will ijot pe | 11 <u>31</u> 2d as |
| cument's effective date on the Dep | | | | | E E | <u>0</u> : 5 |
| ecord specifies a delayed effective is filed. | date, but not an effec | ctive time, at 12:0 |)1 a.m. on the e | arlier of: (b) Th | ne 90th day | after the |
| | 2023 | | | | | |
| November 24 | | | | | | |

Filing Fee: \$25.00