## 221000394345

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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
elin ipet	THEPALMIFIL	-M 11-C.	
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>
The anclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	IT JESILJURT Name of Person	
	THE	PALMFILM LLC	
		Firm/Company	
	26	85 Browning Str	eet
	Saraso	ta/FL 34237 City/State and Zip Code	- 
	E-mail address: (t	PALM FILMLLC DO	anion)
For further information c	oncerning this matter, please ca		
SEYIT	YESILYURT	at (718) 415 Area Code Daytime	0886
Name o	it Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addres</u> Registration (		<u>Street Address:</u> Registration Sect	ion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	· ·· ·
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2100394345</u>	y were filed on	09/03/20	21 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>·e</u> :	
PALM FILM PRODU	CTION L	LC	
The new name must be distinguishable and contain the words "Limited Liab			obreviation "L.L.C."
Enter new principal offices address, if applicable:		TAI	27
(Principal office address MUST BE A STREET ADDRESS)		- 一門	
······································			<u>N</u>
		(A.T.)	
Enter new mailing address, if applicable:		£0 4,8 	ئند.
(Mailing address MAY BE A POST OFFICE BOX)		m	55
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Farm Flori	la street address	
	Liner 1 forte	u sreer adaress	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•		z.p Cou
	<del></del>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet			
accept the obligations of my position as registered agent as	provided for in Ci	hapter 605, F.S. Or.	if this document is
being filed to merely reflect a change in the registered offic	c address. I hereby	confirm that the lin	nited 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ective date, if	other than t	he date of fil	ling:			(a	ptional)		
effective date is le: If the date in ument's effective	iserted in this	block does no	ot meet the a	pplicable stat		than 90 days	after filing.) F		
cord specifies a s filed.	delayed effec	tive date, but i	not an effect	ive time, at 1	2:01 a.m. on	the earlier o	f: (b) The	90th day	after the
ed	09/17	[202]		<del>()</del>					
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