## 122000097501

(Red	questor's Name)	
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T. MATTHEWS MAR 23 2022

## **COVER LETTER**

TO: Registration Section Division of Corpor			
cub inct.	SIPic	tures, LLC	
SUBJECT:	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Da	niel Sima Name of Person	
	7	Name of Person	
	Pn	Name of Person  Voke Production  Firm/Company	<i>z</i> 5
		Firm/Company	
		Glen Ave	
		Address	
	Pasade	na (A 9/103	
		City/State and Zip Code	
	Lanep E-mail address: (t	City/State and Zip Code  POUCKE PROJUCTIONS.  To be used for future annual report notifications.	com ation)
For further information cond	cerning this matter, please ca	ill:	
Danie	of Sima	at (310) 35	1 6189
Name of Po	erson	Area Code Daytime T	Telephone Number
Enclosed is a check for the	following amount:		
為 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	•
Registration Sec		Registration Section Division of Corporation	
Division of Cor P.O. Box 6327	porations	The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 H T. Ph 1: 23 (ame of the 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 \_\_ Florida document number <u>L22 0000 97501</u>. 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 "LLC" 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:

## 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.

Enter Florida street address

\_, Florida \_

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
MGR	Jeffrey Hoffman	6204 Tilden Ln, Rockville, MD 20852	
			□ Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□Remove
			□ Change
			☐ Remove

amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
an effect	e date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after i.
Dated _	March 10, 2022.
	Signature of a member or authorized representative of a member
	Doug D Sung

Filing Fee: \$25.00