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SELECTION OF STATE ALLAHASSEE, FLORIDA

2022 MAY -1, PH 3: 06

JUN 2 7 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Heavy Haulin Transport 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: Harolicia Hart Name of Person Firm/Company 100 S Ashley Drive Ste 600 Address Tampa, FL 33602 City/State and Zip Code LinkWithPrettyThug@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Harolicia Hart 813 4582412 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **≡** \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ASS.
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on April 07, 2022	and assigned
Florida document number 1.22000168469	_·	5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Pretty Cinematic LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	ESS)	
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:	<u> </u>	mante of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
·		orida
	Ciŋ [,]	Zıp Code

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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR 	Kylen Hart	1116 Eagles Brooke Drive, Locust Grove, GA, 30248	🗹 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		🗆 Remove	
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			□Remove
			□Change

Typed or printed name of signee