## 172000 174676

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	·
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

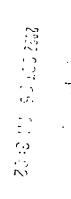
Office Use Only

A. RIVERS
JAN 1 8 2023



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	LUCA FILMS L	LC	
SUBJECT:	LUCA FILMS L Name of Limite	d Liability Company	
99 1 1 4 2 4 2	A J 1 C S	in to a Com Elim	
	Amendment and fee(s) are submi	-	
Please return all correspo	ondence concerning this matter to	the following:	
	David A	Allen Name of Person	
		Name of Person	
	Luca Fi	IMS LLC Firm Company	
		Firm Company	
	1500 A	Poplar Dr	
	Ormand	Beach, FL 321 City/State and Zip Code	74
	In Food E-mail address: (10	lav. dallen films. co be used for luture annual report no	Multication)
For further information of	concerning this matter, please call	J:	
David	Allen	at (732) 934	4933
Name (	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t		in the average in the second	E1 *////// P1 P
≝i \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>		Street Address: Registration S	action
Registration Division of O		Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCA FILMS LLC
(Name 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 April 12 2022 and assigned Florida document number <u>L22000174678</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
OTRA CASA FILMS LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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:  Enter Florida street address
Enter Florida street address  Florida Zip Code : 1
New Registered Agent's Signature, if changing Registered Agent:
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.

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 = M AMBR = A	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Adđ
			□Remove
			[]Change
			[]Add
			□Remove
			□Сһапре
			□ Add
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			□Remove
			□Change
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			□Change
		<u>.</u>	□ Add
			□Remove

\_\_\_\_\_ Change

-	
<del></del>	
<u></u>	
Note: If	date, if other than the date of filing:
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	October 21 2022.
	ful (I) _
	Signature of a member of authorized representative of a member