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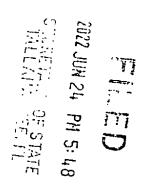
| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | ; |
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Office Use Only



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A. BUTLER SEP 16 2022

COVER LETTER

| | Registration Se Division of Corp | | | |
|--------------------------|-------------------------------------|---|---|---|
| | | ONE FILMS LLC | | • |
| SUBJEC | Т: | Name of Limi | ited Liability Company | |
| The enclo | sed Articles of . | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | um all correspo | ndence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| Legalzoom.com, Inc. | | | | |
| Firm/Company | | | | |
| 101 N Brand Blvd 11th Fl | | | | |
| | | | Address | |
| | | Glendale, CA 91203 | | |
| | | | City/State and Zip Code | |
| | | mitchellcantorl@gmail.con | n to be used for future annual report notifi | |
| For furthe | er information co | n-man address: 0 | | Lation) |
| Cheyenn | e Moseley | | 800 773-0888 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| \$25.0 | 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:

<u>.</u> . :

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

HOLE IN ONE FILMS LLC

company has been notified in writing of this change.

2022 JUN 24 PH 5: 48

| | nited Liability Company as it now appears of (A Florida Limited Liability Company) | MULLINIA JEE, FL |
|---|--|---|
| The Articles of Organization for this Limited I Florida document number 1.22000185337 | | 2022 and assign |
| This amendment is submitted to amend the fol | llowing: | |
| 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 desig | nation "LLC" or the abbreviation "L.L.C |
| Enter new principal offices address, if appli | icable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| | E BOX) | |
| Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of the new | d/or registered office address on o | ir records, enter the name of |
| Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent: | d/or registered office address on or office address here: Mitchell Cantor | ir records, enter the name of |
| Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of the new | d/or registered office address on ou office address here: | |
| Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | d/or registered office address on or office address here: Mitchell Cantor 2600 S. Ocean Boulevard, Apt 5C Enter Florida | street address |
| New Registered Office Address: | d/or registered office address on or office address here: Mitchell Cantor 2600 S. Ocean Boulevard, Apt 5C Enter Florida | |

Mitchell Cantor

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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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| ctive date, if other than the date of filing | : | | (optional) | |
| effective date is listed, the date must be specific and one of the date inserted in this block does not many | | | | |
| iment's effective date on the Department of St | | itutory ming requires | iems, and dute viii iev | or nated a |
| | | | | |
| record specifies a delayed effective da | ate, but not an e | ffective time, at | 12:01 a.m. on the | earlier o |
| ne 90th day after the record is filed. | | _ | | |
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| ed 6/14/22 | | , | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00