L23000188435

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

VH

COVER LETTER

Registration Section Division of Corporations

TO:

NS Film Ll SUBJECT:	LC					
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
	ondence concerning this matter	-				
	Leonard Garcia					
	Name of Person					
	NS Film LLC					
	Firm/Company					
	14030 biscayne blvd unit i	317				
		Address				
	North Miami Beach, FL 3.	3181				
		City/State and Zip Code				
	nsfilmcreative@gmail.com					
	E-mail address: (to be used for future annual report not	ification)			
For further information of	oncerning this matter, please o	all:				
Leonard Garcia		305 7933171 at()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$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: Registration Section Division of Corporations		Street Address: Registration Se Division of Co				
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NS Film LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{L23000188435}{L23000188435}$	any were filed on 04/17/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:	 	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2023 Sec Tall
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		JUN -9 A
		SS -9
		T
3. If amending the registered agent and/or registered offi	ice address on our records, <u>enter the</u>	. 4
gent and/or the new registered office address here:		81.00 86
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	2
	City	Zip 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Leonard Garcia	14030 biscayne blvd unit 317	≅ Add
		North Miami Beach, FL 33181	□Remove
			□Change
AMBR	Natalia Santander	14030 biscayne blvd unit 317	□Add
		North Miami Beach, FL 33181	[]Remove
			■ Change
			□ Add
			□ Remove
			Change
		.	□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change

Dated

Signature of a member or authorized representative of a member

Leonard Garcia

Typed or printed name of signee