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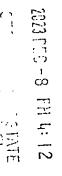
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COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT:	Silver Screen Publishing LLC Name of Limited Liability Company
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Francois McKinnon Name of Person
	SilverScreen Publishing LLC
	36 Cheyenne Court
	Haggie Valley, North Carolne 28751 Email address: (10 be used for future annul report notification)
Kar farthar information of	
Francois Name of	McKinnon at 954 513 - 7414 [Person Area Code Daytime Telephone Number 513 53 53 54 54 54 54 54 54 54 54 54 54 54 54 54
Enclosed is a check for th	ne following amount:
\$25.00 Filing Fee	U \$30,00 Filing Fee & U \$55,00 Filing Fee & U \$60,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 I L VERSCREEN PUBLISHING 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 v		o 2-3 and assigned
Florida document number <u>L 2 3 \$\phi 6 \psi 5</u> \$\phi 9	\$ 538	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	2023
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the r</u>	name of the new registere
Name of New Registered Agent:	NLA	100 =
New Registered Office Address:	N I A Enter Florida street address	ATE 12
	Cuv , Florida	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Marager	Heather Kelly (Remove)	22 woodside Aver wellestey, MA 07482	
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	Signature o	f a member or	authorized re	oresentative of	ı member			
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Filing Fee: \$25.00