L23000511439

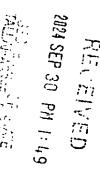
(1	Requestor's Name)	
(/	Address)	
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((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(1	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	f Status
Special Instructions to F	illing Officer:	<u></u>
	J. HORNI	Ē
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/30/2024

NAME: HERE AFTER ALL PICTURES, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHÓRIZATION: ABBIE/PAUL HODGE

ARTICLES U. TO ARTICLES OF ORGANIZATION OF

Here After All Pictures, LLC			<i>10</i> , ,
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited I	Liability Company	were filed on	and assigned
Florida document number L23000511439	•		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u>. </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
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, ent	er the name of the new registere
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Open Commun	ications Inc.	
New Registered Office Address:	12067 Villa Ro	ad	·
		Enter Florida street addi	ress
	Spring Hill	, 1	Florida <u>34609</u>
		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>	<u>Name</u>	Address	Type of Action
MGR, AMBR	Open Communications Inc.	12067 Villa Road	≡ Add
		Spring Hill, FL. 34609	□Remove
			□Change
AMBR	Klaar Star Films and Productions LLC	3 Renault Drive	∃ Add
		Parsippany, N.J. 07054	□Remove
			□Change
AMBR	Howard Nash	12067 Villa Road	
		Spring Hill, FL. 34609	≅ Remove
			☐ Change
			□Add
		·	□Remove
			Change
			□Add
		□ Remove	
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ective date, if other effective date is listed, the e: If the date inserted ument's effective date	in this block doe	s not meet the a	appiicabie statuto	ing or more than 9 ry filing require	0 days after filing.) F ments, this date w	tursuant to 605.020 ill πot be listed a
ord specifies a delayer filed.	d effective date, b	out not an effect	tive time, at 12:0	l a.m. on the ea	rlier of: (b) The 9	90th day after the
ed 9/26/24						
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Filing Fee: \$25.00