CHACLO TEGIC

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(=1,), =1=13, 2,4, 1,10,10, 1,)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700433175887

11.88 WW 8:11.7

2024 AUG 28 AM II: 46

RECEIVED

1 8/24



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 08	3/28/2024	
Name:	Patrice Rush	<u> </u>
Reference #:	2475664	
Entity Name:	THE LAST	EXODUS FILM LLC
Articles of	of Incorporation/Authorizati	on to Transact Business
✓ Amendm	nent	
Change	of Agent	
Reinstate	ement	
Conversi	on	
Merger		
Dissoluti	on/Withdrawal	
Fictitious	Name	
Other		· · · · · · · · · · · · · · · · · · ·
Authorized Amo	ount: \$25.00	
Signature:	(Past M	

F: +852.2682.9790

COVER LETTER

THE LAST EXODUS FILM LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (_____) _ Area Code Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

THE LAST EXODUS FILM LL						
(Name of the Limit	ted Liability Company as it now appears or (A Florida Limited Liability Company)	our records.)				
The Articles of Organization for this Limited L	iability Company were filed on02/13	2/2024	and assigned			
Florida document numberL24000076616						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability company here:					
The new name must be distinguishable and contain the v	words "Limited Liability Company," the desig	nation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applic	cable:					
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)		***			
			The Paris			
		() ()	200 A 101			
B. If amending the registered agent and	2	ır records, <u>ent</u> ë	r-the name of the n			
registered agent and/or the new registered o	ffice address here:	لـ ب	国際			
			7			
Name of New Registered Agent:	COGENCY GLOBAL INC.					
New Registered Office Address:	115 NORTH CALHOUN STREET, SUITE 4					
	Enter Florida					
	TALLAHASSEE	, Florida	32301			
	City		Zin 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.

Assistant Secretary

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>	<u>Address</u>	Type of Action
President	CRAIG COX	2805 E OAKLAND PARK BLVD	□ Add
		FORT LAUDERDALE, FL 33306	■ Remove
			Change
VICE PRES.	ALYN DARNAY	2805 E OAKLAND PARK BLVD	
		FORT LAUDERDALE, FL 33306	Remove
			☐ Change
			Add
			Remove
			Change
			Add
		- , , -	Remove SST Change
			Change,
			Remove
			Change
			□ Remove
			□ Change

						-				
										
-				 -						
						_				
-										
	-								_	
							-			
						_		<u>.</u>		
									• }	
								28		
									<u> </u>	
								SSE	_	
		 -						S. C. C.		<u> </u>
								77	င္ပ်ာ	-
ective d	ate, if othe	r than the	date of filin	g:		<u> </u>	(o	ptional);	L i)	
effective	date is listed,	the date must	t be specific an	d cannot be p	rior to date o	f filing or more utory filing re	than 90 days a	fter filing.) P	ursuant t	o 605.02
ument`s	effective da	te on the De	partment of	State's reco	pricable stat rds.	diory tiling re	equirements,	inis date wi	II not be	Histed
			•							
	: :: :		- FF L1	1.4. 1. 1						
he 90t	specilles . h dav afte	r the reco	ord is filed.	date, but	not an ei	fective tim	e, at 12:0	ı a.m. on	the e	arlier
8/2	27/2024									
ed				,	<u> </u>					
				Docus	igned by: Im Awada	n				
_		- <u></u>								_
			Signature of a	memocreor a	uurunzed rep	resentative of	a member			

Page 3 of 3

Filing Fee: \$25.00