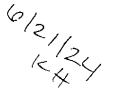


(Re	questor's Name)	
(Ad	dress)	
(,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
(,, - 10 10 Lipi, 110/12	,
	☐ WAIT	MAIL
	L ***	U WALL
(Bu	siness Entity Nan	ne)
`	•	•
(Do	cument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to I	Filing Officer:	
		İ





08/11/24--01008--012 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rame of Limited Limitity Co	ompany
The enclosed Articles of Amendment and fee(s) are submitted for filir	ng.
Please return all correspondence concerning this matter to the following	ng: • .
Rafferel J. C.	Landoux Avalos
- Oe	W.
Film Co	
14304 SW 19	HTAYG
macmi FL City/State an	33177
	Diction D. Wan
For further information concerning this matter, please call:	
Repeal & Cocclos Avolvs at (8 Name of Person	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee & cd Copy cal copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ling LLC
(A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L 2400022</u>	lity Company were filed on 5 14 24 and assigned 357 7
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	<u>limited liability company here</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address be	tered office address on our records, enter the name of the new registered
Name of New Registered Agent:	Reparel Cordove Arabos
New Registered Office Address:	14304 SW 17 TUGG Enter Florida street address
_	Migmi T., Florida 33177 Zip Coxle
New Registered Agent's Signature, if changing Regis	stered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as registere	gent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability age.

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 **Title** Name Address **Type of Action** MGT papeal Cordove Audos 143045W AI teur □Remove □Remove ____ □Change □ Remove _____ □Change Remove □Add

□Remove

			·		
		<u>_</u>			
		·			
					 -
				<u> </u>	
	 	<u> </u>			
					·
					
		_			
				: 	, -;
		•			:
					
<u> </u>					- ::- - ::-
ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not meet	the applicable statut		(optional) O days after filing.) Pu ments, this date wil	rsuant to 605.01 Fnot be listed
cord specifies a delayed effect s filed.	tive date, but not an o	effective time, at 12:	01 a.m. on the ea	rlier of: (b) The 90)th day after t
ed 06/03/21	<u> </u>				
	Signature of a mem	ber or authorized repre		,	