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	(Document Number)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	MOTION PRODUCTIONS C	0	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	STANLEY BITTMAN		
		Name of Person	
		Firm/Company	
	4684 67TH WAY N APT		
		Address	
	ST PETERSBURG, FL 3.		
	STANLEY.BITTMAN2020	City/State and Zip Code 0@GMAIL.COM	
		to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
STANLEY BITTMAN		424 777-5190 at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ç.	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632		Division of Co	
Tallahassee, I		The Centre of 2415 N. Monro	rananassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BITTMAN MOTION PRODUCTI			
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited L		ny were filed on 06/27/2024	and assigned
lorida document number L24000291471	,		
his amendment is submitted to amend the foll	lowing:		
a. If amending name, enter the new name o	of the limited lia	bility company here:	
BITTMAN MOTION PICTURES PRODUCTION	N LLC		
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC	Tor the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS)		
			2025
Inter new mailing address, if applicable:			(J
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
			20
<ol> <li>If amending the registered agent and/or gent and/or the new registered office address.</li> </ol>		e address on our records, <u>enter</u>	
Name of New Registered Agent:	N/A		-1
New Registered Office Address:			
rien registered office faddress.		Enter Florida street addres	ss
		FI	orida
	<del> </del>	City	Zıp 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, 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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ctive date, if other than the	date of filing:		(option	al)
effective date is listed, the date mus e: If the date inserted in this blo	be specific and cannot be prock does not meet the app	ior to date of filing or i Hicable statutory fili	nore than 90 days after fil ng requirements, this d	ng.) Pursuant to 605.020 ate will not be listed a
ument's effective date on the De	partment of State's recor	ds.		
ord specifies a delayed effective filed.	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
JULY 2ND ed	2024	·		
	Signature of a member or at	- C1	(a)	
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