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(Requestor's Name)
(Address)
(Address)
(City/State/Zıp/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special instructions to raining Officer.

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COVER LETTER

` División of Co	rporations		
SUBJECT:	BEYOND UNISE	X STUDIOS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	unitted for filing	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	JI	EAN KENSON MILORD	
		Name of Person	 -
		Firm/Company	
		217 NW 61St	
		Address	
		Hollywood, FL 33024	
		City/State and Zip Code	
	jeankensonmilord2411@gn		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	afl:	
JEAN KENSON MILO	RD	954 274-5758	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Ir records.)
and assigned
ion "L.L.C" or the abbreviation "L.L.C."
records, enter the name of the n
<u> </u>
vet address
F1
, Florida

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>	<u>Address</u>	Type of Action
MGR	Yves Mona SCIPION		🗆 Add
		217 NW 61St Terr Hollywood FL 33024	■ Remove
			Change
			🗆 Add
			Remove
			Change
			
		<u>. </u>	□ Re move
			Change
		17. 17. 17. 17. 17. 17. 17. 17.	
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

							
							
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Tective date, if or an effective date is lis	ther than the date ted, the date must be serted in this block of	e of filing: pecific and cannot be loes not meet the a	prior to date of filing	g or more than 90 days filing requirements	optional) after filing.) Pur this date will	্র su i ff to 605. noi be liste	5.0207 cd as

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00