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COVER LETTER

TO:

Registration Section **Division of Corporations**

CARMA Productions, LLC

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:

Margaret Warren

Name of Person

CARMA Productions, LLC

Firm/Company

362 Gulf Breeze Pkwy #176

Address

Gulf Breeze, FL 32561

City/State and Zip Code

info@margaretwarren.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Margaret Warren

Enclosed is a check for 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:

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

CARMA Productions, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L11000063257	Company were filed on May 5, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
MMW Consulting, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		22 Z
(Principal office address MUST BE A STREET ADL	ORESS)	
		11' 30 mm
		SSE S
Enter new mailing address, if applicable:		PH PH
(Mailing address MAY BE A POST OFFICE BOX)		
		\$: 6
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, g ldress here:	enter the name of the new
Name of New Registered Agent:		*****
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			Add
			Remove
			<u></u>
			Add
			Remove APR 2
			Remare APR 26 Add 3: Rémaove
			Rémove
			Add
			Remove

D. If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessar	y.)
		 -
,		
		
Dated April 23	2013	
May May s	of a member or authorized representative of a member	
J Signature/o Mary Margaret Warr	ren	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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