## 115000019223

(Requestor's N	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP WA	AIT MAIL
(Business Ent	ity Name)
(Document Nu	ımber)
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April 10, 2019

ANTHONY DEAN THOMAS, JR. 17740 NE 10TH AVE NORTH MIAMI BEACH, FL. 33162

SUBJECT: HUMBLE HOMICIDE PRODUCTIONS LLC

Ref. Number: L15000019223

We have received your document for HUMBLE HOMICIDE PRODUCTIONS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000185276.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III

Letter Number: 219A00007248

RECEIVED

APR 2 6 2019

## **COVER LETTER**

то:	Registration Se Division of Cor				
		micide Productions, LLC			
SUBJECT: Name of Limited Liability Company					
The er	nclosed Articles of .	Amendment and fee(s) are subm	nitted for filing.		
Please	return all correspo	ndence concerning this matter t	o the following:		
		Anthony Dean Thomas Jr.			
		Humble Homicide Producti	Name of Person ons, LLC		
		17740 NE 10th Ave	Firm/Company		
		North Miami Beach, Fl. 33	Address 162		
		humblehomicideproductions	City/State and Zip Code @gmail.com	<del></del>	
		E-mail address: (to	o be used for future annual report no	tification)	
For fu	rther information co	oncerning this matter, please ca	11:		
Antho	ony Dean Thomas J	r	305 498-6525		
	Name of	Person	at () Area Code Dayti	me Telephone Number	
Enclos	sed is a check for th	e following amount:			
<b>■</b> \$2	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**

ARTICLES OF ORGANIZATION  OF  Humble Homicide Productions  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
ARTICLES OF ORGANIZATION	è
OF E	
Humble Homicide Productions  (Name of the Limited Liability Company as it now appears on our records)	Li.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned	
Florida document number L15000019223	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
HH Productions Unlimited, LLC	
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 ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the name	<u>₽₩</u>
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
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 605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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If amending any other inforπ	ation, enter change	(S) <b>nere:</b> (Allach addi	itional sheets, if nec	vessary.)	
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Effective date, if other than the fan effective date is listed, the date is		t be prior to date of filing or			05 0207 (
Note: If the date inserted in this document's effective date on the ne record specifies a delayer.  The 90th day after the re-	Department of State's ed effective date,	records.			
April 22 Dated					
· · · · · · · · · · · · · · · · · · ·	1 d / //				
	Signature of a membe	r or authorized representati	ve of a member	20	
Anthony Dean Thoma	s Jr.			2019 APR	<b>्रम्</b>
	Typec	for printed name of signee		<del></del>	1 } :==::::::::::::::::::::::::::::::::::
	• •	TOT printed name of signee			. ===
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