## L21000270822

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## **COVER LETTER**

TO: **Registration Section** Division of Corporations Premier Sunshine State Productions LLC SUBJECT: 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: Bryan Modzelewski Name of Person Firm/Company 2212 W. State St. #236 Address Alliance, OH 44601 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Pocchio Esq. Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Sunshine State Productions LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L21000270822	Company were filed on June 10, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED PH 1= 34
B. If amending the registered agent and/or register agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		, Florida
<del></del>	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 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>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey Kendall	2212 W. State St. #236	□Add
		Alliance, OH 44601	≣Remove
			Change
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