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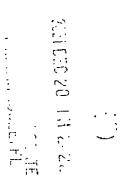
(Requestor's Name)
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A. BUTLER
JAN - 6 2022

COVER LETTER

TO:	Registration Se Division of Cor		3 c	
SUBJE		Productions LLC	•	
SUBJE	<u> </u>	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Clayton Messenger		
			Name of Person	
		Last Coast Productions LL	С	
			Firm/Company	
		3314 Northside Dr.		
			Address	
		Key West, FL 33040		
			City/State and Zip Code	
		mearney@earneyplle.com E-mail address: (to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Michae	el Carney		646 265-1849	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	etion

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

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

2021 DEC 20 PH 2-20

Last Coast Productions LLC	2011 PEG SO LU 57 57
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L21000523055	Company were filed on December 13, 2021 and assigned
This amendment is submitted to amend the following:	 ,
If amending name, enter the new name of the lin	mited liability company here:
Lost Coast Productions LLC	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• • •	
<u>Principal office address MUST BE A STREET ADD</u>	<u>DRESS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or register agent and/or the new registered office address here.	ed office address on our records, enter the name of the new regist
agent and of the new registered office address here	•
Name of New Registered Agent:	
New Registered Office Address:	
	Emer 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
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			□ Change
			□Add
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			□ Change

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	cord specifies a delayed effective s filed.	date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
Clarkers	December 14	2021			
Signature of a member or authorized representative of a member		20///		_	
Signature of a memoer or authorized representative of a member		7 5/ _			<u> </u>
	:	ignature of a memoer or a	autoorized representative of	a member	

Filing Fee: \$25.00