L2400037/584

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

TO: Registration So Division of Cor			4 \$
	luctions LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>
The market And do to		un ie er	
	Amendment and fee(s) are sub- ordence concerning this matter t		
r rease return an correspo	ondence concerning this matter t	o the following.	
	Henry J Portorreal		
		Name of Person	
	Locos Productions LLC		
		Firm/Company	•···
	4009 Dancing Cloud Ct Un	it 31	
		Address	
	Destin, FL 32541		
		City/State and Zip Code	1
	hportorreal2003@yahoo.cor	n o be used for future annual report n	
Can Cambon in Comparing			ouncation)
	roncerning this matter, please ca		
Henry J Portorreal		786 525-6622 at ()	ime Telephone Number
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u>		Street Address:	
Registration Section Division of Corporations		Registration S	
Division of C	corporations	Division of C	orporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Locos Productions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/23/2024}{1}$ and assigned Florida document number 1.24000371584 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. 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 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
MGR	Elizabeth Portorreal	4009 Dancing Cloud Ct Unit 31 Destin, Fl 32541	= Add
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Effect	ive date, if other than the date of filing:	_
(If an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisent's effective date on the Department of State's records.	
If an eff Note: docum	ive date, if other than the date of filing:	ted as the
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Filing Fee: \$25.00