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COVER LETTER

SUBJECT:		RODUCTIONS, LLC	
30 00 00017.		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Marcelo Mrochek Hacker		
		Name of Person	
		Firm/Company	
	18201 Collins Ave., Apt 7	02	
		Address	
	Sunny Isles Beach, Florida	ı 33160	
		City/State and Zip Code	
	falut@email.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please co	all:	
Marcelo Mrochek Ha	ocker		
Nar	ne of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e □ \$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

TO:

Registration Section **Division of Corporations**

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

13 Productions, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000110546</u>	were filed on May 18, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	18201 Collins Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Apt. 702	
	Sunny Isles Beach, FL 33160	
Enter new mailing address, if applicable:	18201 Collins Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 702	
	Sunny Isles Beach, FL 33160	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		name of the ne
Name of New Registered Agent.	27	5 /m
New Registered Office Address:	Enter Florida street address	
	, Florida	ت ص
		lip 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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If the date inserted in this	ne date of filing: nust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing r Department of State's records.	e than 90 days after filing.) Pursuant to 605.0207 (3)(b) requirements, this date will not be listed as the
record specifies a delaye he 90th day after the re	ed effective date, but not an effective timecord is filed.	ne, at 12:01 a.m. on the earlier of:
August 15	2017	
	Signature of a member of suthorized remagentative of	fa member
 	Signature of a member of authorized representative of	famember acker

Page 3 of 3

Filing Fee: \$25.00