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## KOMMER:BAVE & OLLMAN LLP

ATTORNEYS AT LAW 145 HUGUENOT STREET, SUITE 402 NEW ROCHELLE, NEW YORK 10801-5322 (914) 633-7400 FAX (914) 633-7445

ROBERT CHARLES OLLMAN JOHN S. KOMMER PATRICIA A. BAVE \* RACHEL F. CICCONE

JOANN D'EMILIO REGINA LYNCH REBECCA C. ROMULUS \*ADMITTED NY & CT

September 22, 2020

Florida Department of State Registration Section Department of Corporation PO Box 6327 Tallahassee, FL 32314

Re: 1211 Productions LLC, Articles of Amendment

Dear Sir/Madam:

Please be advised that I represent 1211 Productions LLC in regard to the Amendment of its Articles of Organization. I have included the Articles of Amendment which reflect the changes to be made to the Articles of Organization. Please file the Amendment in accordance with your normal procedures. My attorney's check in the amount of \$25.00 is enclosed for the cost of filing.

Please provide me with a letter of acknowledgment confirming the filing of the Amendment. Thank you for your courteous attention to this matter.

Very truly yours.

JOHN'S, KOMMER

JSK/gas Enclosures

cc: 1211 Productions LLC

## **COVER LETTER**

Division of Corporations
SUBJECT: 1211 Proclus Ctions LL-C
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:
John S. Kommer, Esquand
Kommer Bare & Ollman, LLP
145 Huguenot Street, Suite 402
Address
New Rochelle, NY, 10801 City/State and Zip Code j Kommer @ Kbo attorneys.com
i Kommer @ Kbo attorneus com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John S. Kommur Esq. at 914  Name of Person  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Deviate Address:

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

_ 1211 Productions 1	<u>L</u> LC	
( <u>Name of the Limited Liability Compa</u> (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 $\frac{L15000142745}{L150001400000000000000000000000000000000$		OIS and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	SEP
(Principal office address MUST BE A STREET ADDRESS)		2.9
		<u> </u>
Enter new mailing address, if applicable:	Kommer Bave & Ol	linan LLE
(Mailing address MAY BE A POST OFFICE BOX)	145 Huguenot Stre New Rochelle, NY	et, Suite 402
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	·	
Name of New Registered Agent:	T	
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Code
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further a	gree 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lawrence Jacobs	248 West 35th St, 16	MF100C □Add
		New York, NY 10001	&Remove
MGR KO	John Kommer Esq. Kommer Bave 4 Ollman, U	LP 145 Huguenot St. Ste	□Change 
		New Rochelle, NY, 1080	
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an effect lote:   If	we date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a lift the date inserted in this block does not meet the applicable statutory filing requirements, ant's effective date on the Department of State's records.	<b>ptional)</b> After filing.) Pursuant to 605.0203  this date will not be listed as
record s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ed.	(b) The 90th day after the
ited	September 22 2020    July 5 Kommen Eag  Signature of a member or authorized representative of a member	
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	- Jahr S Kommer Eng	