L04000037602

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	- ···
Certified Copies	Certificates	s of Status
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SECRETARY OF CTATE
TALLAHASSE

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JUN 29 2021

D CUSHING

COVER LETTER

TO: Registration Se Division of Cor		•			
SUBJECT: 100	U-GO Production	ONE LLC			
Subject.	Name of Limited Lia	bility Company			
The enclosed Articles of	Amendment and fee(s) are submitted	for filing.			
Please return all correspo	andence concerning this matter to the	following:			
	Nolherro	E. Manzane	(0		
		Name of Person			
	100 U GO	Productions	iii		
		Firm/Company			
	3319 W 994	th Place			
		Address		2021 SEC	
	Hialeah, FU	ろう013 State and Zip Code		2021 HAY 19 AM 10: 59 SECRETARY OF STATE TALLAHASSECTEL	
	City	State and Zip Code	· -	- E	**************************************
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Englisher information a	•	ed for feture annual reportmona	ncation)		O
,	oncerning this matter, please call:			7. 2. 2. 2.	
Nolberto	Manzanero	at (186) 218 Taytime	7097		
	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	ne following amount:				
12 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ : Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Malling Adden	r-	Street Address:			
<u>Mailing Addres</u> Registration 5		Registration Sec			
Division of C	orporations	Division of Cor			
P.O. Box 632	/	The Centre of T	anahassee		

Tallahassee, FL 32314

RECEIVED

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



April 13, 2021

NOLBERTO E MANZANERO ICO U GO PRODUCTIONS, LLC 3319 W 99TH PLACE HIALEAH, FL 33018

SUBJECT: ICO U-GO PRODUCTIONS, LLC

Ref. Number: L04000037602

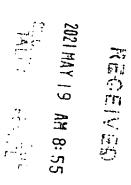
We have received your document for ICO U-GO PRODUCTIONS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 921A00007617



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as It and appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/10/2021 and assigned Florida document number 104 0000 37602.

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 "LLC"

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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>	<u>Address</u>	Type of Action
AMBR	Nataua Manzanero	3319 w gath place Hialeah, to 33018	□Add
		Hialeah, FC 33018	ERemove
			(DChange
AMBR	Nolberto E Manzanero	3319 waath Place	🗆 Add
		Hiakah, FU 33018	□Remove
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Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	2 10 2021
	Signature of a member of authorized representative of a member
	No berto E. Man Zunero Typed or printed name of signee