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S. PRATHE

COVER LETTER

A PRODUCTIONS, LLC		
Name of Lim	ited Liability Company	-
Registration Section Division of Corporations SINATRA PRODUCTIONS, LLC CT: Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Corey Bray Name of Person LegalNature LLC Firm/Company 8 The Green Suite 4336 Address Dover, DE 19901 City/State and Zip Code Sinatraproductions@gmail.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Bray Name of Person Area Code Daytime Telephone Number di is a check for the following amount: 6.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:		
condence concerning this matter	to the following:	
Corey Bray		
	Name of Person	
LegalNature LLC		
 	Firm/Company	
8 The Green Suite 4336		
	Address	
Dover, DE 19901		
	City/State and Zip Code	
E-mail address: (to be used for future annual report not	ification)
concerning this matter, please c	all:	
of Person		ne Telephone Number
the following amount:		
	Certified Copy	Certificate of Status & Certified Copy
		ection
Corporations	Division of Co	rporations
327 , FL 32314		Tallahassee se Street, Suite 810
	A PRODUCTIONS, LLC Name of Lim of Amendment and fee(s) are subspondence concerning this matter Corey Bray LegalNature LLC 8 The Green Suite 4336 Dover, DE 19901 Sinatraproductions@gmail. E-mail address: (concerning this matter, please concerning this matter concerning this concerning this matter concerning this matter concerning this concerning this matter concerning this concerning this matter co	A PRODUCTIONS, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. condence concerning this matter to the following: Corey Bray Name of Person LegalNature LLC Firm/Company 8 The Green Suite 4336 Address Dover, DE 19901 City/State and Zip Code Sinatraproductions@gmail.com E-mail address: (to be used for future annual report not concerning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINATRA PRODUCTIONS, LLC			FILE PASSE
(Name of the Limit	ted Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	[변문] [연
The Articles of Organization for this Limited L	iability Company	were filed on 03/17/2005	다. # # # # # # # # # # # # # # # # # # #
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	f the limited lial	pility company here:	
Sinatra Production Services LLC			
The new name must be distinguishable and contain the v	words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, enter the n	ame of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter 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
	N/A		□Add
			□Remove
			□Add
			□ Remove
			□ Add
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			□Change
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fective date, if other th	han the date of filing:			(optional)	
an effective date is listed, the ote: If the date inserted i	date must be specific and cannot this block does not meet	not be prior to date of the applicable statut	ding or more than 90 day ory filing requirement	s after thing.) Pursu ts, this date will n	ant to 605.020 of be listed at
	on the Department of State'		, ,		
	l effective date, but not an e	effective time, at 12:	01 a.m. on the earlier	of: (b) The 90th	day after the
is filed.					
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May 9					202
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Typed or printed name of signee