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(Re	equestor's Name)	
(Ac	ddress)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

	gistration Sec vision of Corp		·	,
SUBJECT:	O2 PRODU	CTIONS, LLC	٠	
SUBJECT;		Name of Lim	ited Liability Company	
			-	
			ALEX ANTA	
		PRODUCTIONS, LLC Name of Limited Liability Company Celes of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: ALEX ANTA Name of Person Firm/Company 10351 NW 31 CT Address SUNRISE, FL 33351 City/State and Zip Code Lemail address: (to be used for followermhoal_poport notification) action concerning this matter, please call: EX ANTA Name of Person at 954		
			Firm/Company	
			10351 NW 31 CT	
			Address	
			ALEX ANTA Name of Person Firm/Company 10351 NW 31 CT Address SUNRISE, FL 33351 City/State and Zip Code 2	
		E-mail address: (anta @ama	ication)
For further i	nformation co	oncerning this matter, please co	all:	
	ALEX AN	TA		
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O2 PRODUCTIONS .				
(Name of the Limited Liability Compa (A Florida Limited L	ن ۱			
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000121020</u> .	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	lity company here:			
Anta Enterprises LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	obreviation "L.L.C."		
Enter new principal offices address, if applicable:	10351 NW 31CT			
(Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33351			
Enter new mailing address, if applicable:	10351 NW 31 CT			
(Mailing address MAY BE A POST OFFICE BOX)	Sunrise ,FL 33351			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter the nan</u>	ne of the new register		
Name of New Registered Agent:				

New Registered Agent's Signature, if changing 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.

City

10351 NW 31 CT

SUNRISE

If Changing Registered Agent, Signature of Year Registered Agent

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
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record : I is filed		yed effective da	te, but not an	effective time	e, at 12:01 a.r	n. on the earli	er of: (b) Th	e 90th day after	the
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Typed or printed name of signee