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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
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COVER LETTER

Divisi	on of Cor	porations		
SUBJECT: _	IC Produc	tions LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclosed A	articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return al	II correspo	ndence concerning this matter	to the following:	
		Michael Castellano		
			Name of Person	
		MC Productions LLC		
		3300 S. Dixie Hwy, Suite	1-277	
		· · ·	Address	
		West Palm Beach, FL 3340	05	
			City/State and Zip Code	
		mccastellano@gmail.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further info	ormation co	oncerning this matter, please ca	all:	
Michael Castel	llano		408 916-7201	
Name of Person at () Name of Person Area Code Daytime Telephone Num		Telephone Number		
Enclosed is a cl	heck for th	e following amount:		
□ \$25.00 Fili	ng Fee	■ \$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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 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**

T	O		
ICLES OF C	RGANIZATION		
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		ecords)	
ited Liability Compa	ny as it now appears on our r	ecords)	
(A Florida Limited i	Liability Company)		
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lowing:			
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of the limited liab	ility company here:		
words "Limited Liabi	hity Company," the designation	"LLC" or the abbreviation "L.L.C."	
anble.	3300 S. Dixie Hwy, Suite	: 1-277	
			
(Principal office address MUST BE A STREET ADDRESS)			
	3300 S. Dixie Hwy, Suite	: 1-277	
' ROY)	West Palm Beach, FL 33405		
BOA			
~		cords, enter the name of the nev	
ince address ner	<u>c</u> .		
NC 1 10 11	•		
Michael Castel	iano		
3300 S. Dixie I	lwy, Suite 1-277		
	Enter Florida street d	address	
West Palm Rea	nch	_, Florida	
	City	I forida	
	ICLES OF CO Ited Liability Compa (A Florida Limited Liability Company) Ited Liability Company Ited	words "Limited Liability Company here: as a 300 S. Dixie Hwy, Suite West Palm Beach, FL 33- West Palm Beach address on our recommendation of the second of the secon	

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.

ing 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
MGR	Michael Castellano	3300 S. Dixie Hwy, Suite 1-277	D 444
<u>.</u>		West Palm Beach, FL 33405	□ Add
			□ Remove
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Filing Fee: \$25.00