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(Re	equestor's Name)	
(Ac	ddress)	`
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAME OF DA SHA

COVER LETTER

		`	COVERLETTER	
TO:	Registration Sec Division of Corp		o Step Proj	luctions
CHD	JECT: Additi	on of Member	r to Existing	LLC
SUB	JECI:		ited Liability Company	
The 6	enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspon	dence concerning this matter	to the following:	
		Gregg Senk	0	
			Name of Person	
		Two Step Pr	oductions, L	LC
			Firm/Company	
		8319 62nd 0	Court E, #220	05
			Address	
		Sarasota, Fl	_ 34243	
			City/State and Zip Code	
		info@rhythminthe	enignt.com to be used for future annual re	nort notification)
For fi	urther information co	ncerning this matter, please ca		pon nonneanon,
Gı	egg Senk	0	at (440) 39	6-7372
	Name of I	Person	Area Code	Daytime Telephone Number
Enclo	osed is a check for the	following amount:		
□ s	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Two Step Productions, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L0700004871		igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L	L.C.``
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 registered agent and/or the new registered office address he		of the no
Name of New Registered Agent:	APR	Carry Carry
New Registered Office Address:	Enter Florida street address	WARREN .
	City, Florida	\$ \$ \$
Nov. Desistand Agent's Signature if share's Desistand Assured	Cuy SAP Zip Code	" and

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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** Michael Profeta 2941 Lamplight Lane **MGR ■** Add Willoughby, OH 44094 □ Remove _□ Add □ Remove □ Add ☐ Remove □ Remove

Justin Boros 45%	ownership
Michael Profeta 4	0% ownership
Gregg Senko 15%	6 ownership
ective date, if other than the da	ate of filing:(optional
e date this document is filed by the Floric	be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, cannot l	be prior to date of receipt or filed date and cannot be more than 90 days after
e effective date must be specific, cannot be date this document is filed by the Floric	pe prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)
e effective date must be specific, cannot be date this document is filed by the Floric ted. March 29	pe prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)

Page 3 of 3

Filing Fee: \$25.00

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