Electronic Filing Cover Sheet

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(((H08000142893 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number : 076117000420 Phone : (561)650-0720

Fax Number : (561)655-5677

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CORPORATE PRODUCTIONS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

T. CLINE **EXAMINER**

COVER LETTER

TO: Registration Se Division of Cor			•	
SUBJECT: Corpor	ate Productions, LLC		· ·	
	(Name of Lim	ted Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•	
Please return all correspondent	ondence concerning this matter	to the following:		
	Mary E. Cramer-Scharla	ıt		
		(Name of Person)		
	GUNSTER, YOAKLEY 8		· · · · · · · · · · · · · · · · · · ·	
		(Firm/Company)		
	777 South Flagler Drive,	Suite 500 East	•	
		(Address)		
	West Palm Beach, FL 33		200 TAL	
		(City/State and Zip Code)	CR BJE	1
For further information of	concerning this matter, please c	all:	2009 JUN -2 SECRETARY TALLAHASSE	CONTRACTOR OF THE PERSON OF TH
Mary E. Cramer-Schar	riatt	at (561) 650-0728	mg R	ja di
(Name	of Person)	(Area Code & Daytime Telep	OF STATE ON STATE	itti ggan veri
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	2\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORPORATE PRODUCTIONS,					
(Name of the Limited	Liability Comp Florida Limited	any as it now appears on our records. Liability Company)	,		
The Articles of Organization for this Limited Liability Company were filed on January 22, 2008 and assigned					
Florida document number L08000039572	······································				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited lia	bility company here:			
N/A					
The new name must be distinguishable and end wi "L.L.C."	th the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation		
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:			TALLAN JU		
(Mailing address MAX BE A POST OFFICE BOX)			S Canal		
(Mauring university NEAT UST OFFICE	<u> </u>		25 Z		
B. If amending the registered agent and	lan madatawad a	Miss address on our records on	tor the same of the new		
registered agent and/or the new registered o			ATE RIDA		
Name of New Registered Agent:	N/A				
New Registered Office Address:	(Enter Florida stree	et address)			
		Florid.	•		
		(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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR – Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action				
MGRM	Dennis Weener	3095 South Military Trail, Unit #4 Lake Worth, FL 33463	□□ Add □□ Remove				
MGRM_	Jeffrey I. Scharlatt	625 Glenfield Way West Palm Beach, Ft. 33411	a∏ Add a☑ Remove				
			Add Remove				
			Add Remove				
	<u> </u>	A	20 January				
		で ・	Add Refinove				
D. If amendia	ng any other information, enter change(:	s) here: (Attach additional sheets, if necessary)	_				
Dated June	(dh S	Jarle M.					
Signature of a member of authorized representative of a member Jeffrey I. Scharlatt Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00