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SUBJECT	TRIPLE D	PRODUCTIONS, LLC.	/ h	٠
30bJEC1	· <u> </u>	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		LAURA MONTANARO		
			Name of Person	
		ABACUS PAYROLL AN	D ACCOUNTING INC	
			Firm/Company	
		1140 NE 2ND STREET		
			Address	
		POMPANO BEQACH. FI	_ 33060	
		ABACUSPOMPANO@AC		
For further	information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notin	ication)
			au:	
LAURA MONTANARO		954 270-3261 at ()	70 1 -	
	Name of	`Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		11: 2
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Ro D:	ailing Address egistration S ivision of Co O. Box 6327	ection orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIPLE D PRODUCTIONS, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/28/2008 ____ and assigned Florida document number L08000052975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: 1 7 Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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.

City

If Changing 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	VINCENT CARACCIO	6855 VIALE ELIXABETH	■ Add
		DELRAY BEACH FL 33446	□Remove
			□ Change
			DAdd
			□Remove
			☐ Change
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Filing Fee: \$25.00