## 209000087540

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT

NOV 20-2012

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: DR	EAM HOUS Name of Limite	E PRODUCTION: d Liability Company	s LLC
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
_	BRYAN	M Powe Name of Person	ZHZ WW I
		Firm/Company	SSEE FEE
_	16219 Sz	TERRA DE AVIL	TARY OF STATE ON STATE ON STATE
-	Tampa	FLORIDA 33 City/State and Zip Code	613
_	COONE OREV E-mail address: (to	EALING TRUTH. C	OKG on)
For further information conce	rning this matter, please cal	ll:	
BRYAN F	Son E	at (813) 317 - 65 Area Code & Daytime Te	03 lephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	1\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

= PRODUCTION	vs LLC	<del> </del>	
mited Liability Company)	i our records.)		
mpany were filed on <u>09</u>	/10/2009	_ and as	signed
			bbreviation
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s "Limited Liability Company,"	the designation "LLC	C" or the	abbreviation
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red office address on our ss here:	records, enter the	name	of the new
Enter l	Florida street addres	is.	<del> </del>
	, Florida		
City		Zip Coa	le
	company as it now appears of mited Liability Company)  mpany were filed on	mpany as it now appears on our records.  mited Liability Company)  mpany were filed on	mpany were filed on

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRYAN M Powe	16219 SIERRA DE AVILA	🔀 Add
		TAMPA, FL 33613	Remove
MGR	Jacques Duval	3534 TOBAGO LANE # 108	
<u>MGR</u>	ShorNE CALLAMAN	TAMPA, FLORIDA 3361 8788 KEY BISCAYNE DR # 103	_ 🔀 Add
MGR	SOUND RIGHT PROJ	TAMPA, FL 33614 uctions	
MGR	BAKAZ MENLLC	TAMPA, FL 33603 A 3132 W LAMBRIGHT STREET, STATE #1005 Tampa FL 33614	Add Add
	······	<u> </u>	Add
			Remove

NOVEMBER 13	. 2012.	
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	a member or authorized representative of a me	mber
BRYE	Typed or/printed name of signee	<del></del>
	Page 3 of 3	2812 TAL
	Filing Fee: \$25.00	2912 19 19 SEUNE TARY TALLAHASSE
		SSI CARY

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