L1000006620

(Reque	estor's Name)	"
(Addre	ss)	
(Addre	ss)	_
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000210674180

08/05/11--01028--015 **25.00

11 AUG -5 PH 3: 15

T. HAMPTON

EVANTRED

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	Center Stage Productions LLC Name of Limited Liability Company.
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Abner Perez Name of Person
	Center stage Productions LLC
	Address
	City/State and Zip Code Schook (Att loza (O AO / COm E-mail address: (to be used (or future annual report notification)
	er information concerning this matter, please call:
	Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	O Filing Fee \$\bigcup \\$30.00 Filing Fee \& Certificate of Status \$\bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\bigcup \\$60.00 Filing Fee, \\ 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

Center	Stace Productions
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>LIO 000066620</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Center Stace Product	ions LLC
The new name must be distinguishable and end with the words "Limit L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	8314 SE 24th AVE
	OCALA FI 3447
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2314 SE 24th A
	OCA 4 F/ 344
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
	en COYE
New Registered Office Address:	Enter Florida street address . Oco
	R ATA
	, 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 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

Type of Action Address **Title** Name ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member VINCENZINA (ENZA) Schoolcry
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00