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T. CLINE
JUL -5 2012
EXAMINER

SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	TRAK ADX P	RODUCTIONS LLC
SOBBECT.	Name of Limi	ted Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	condence concerning this matter	to the following:
		HEGER ASENJO
		Name of Person
TRA		K ADX PRODUCTIONS
		Firm/Company
	50989	U.S. 27 NORTH LOT 349
i		Address
	D	AVENPORT, FL 33897
		City/State and Zip Code
	HAS	SENJO1@GMAIL.COM
	• E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please of	call:
HE	GER ASENJO	at (407) 579.8706
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COURIER ADDRESS: Registration Section
Divis	stration Section ion of Corporations	Division of Corporations
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 22301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tra	ak Adx Productions LLC			
(Name of the Limited)	iability Company as it now appears Florida Limited Liability Company)	on our records.		
	ional Billica Blabinty Company)			
The Articles of Organization for this Limited Lia	bility Company were filed on	6/27/12	and assigned	
Florida document number L11000053	138			
	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here	:		
The new name must be distinguishable and end with	the words "Limited Liability Compan	y," the designation "LI	C" or the abbreviation	on
"L.L.C."				
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET				
Trincipus Office Guartes 1/2 Con 2001 2001	1100122000	· · · · · · · · · · · · · · · · · · ·		
		•		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
				•
	1.4 1.00 N	4h	# 4b	
B. If amending the registered agent and/o registered agent and/or the new registered off		ur records, <u>enter tn</u>	e name of the ne	¥
Todated the agents and of the last			ZE SE	
Name of Name Paristand Aments			2 J	
Name of New Registered Agent:			表 是 .	-
New Registered Office Address:	50989 U.S. 27 North Lot 349		SSR -	-
	· Ente	er Florida street addr	esame - I	7
	Davenport	. Florida	33897	and the
	City		Ztp Code	-
New Registered Agent's Signature, if changing R	egistered Agent:		D (1)	

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
MRGM	TIMOTHY HILLERY	2411 S. CEDAR AVE SANFORD FL 32771	Add Remove
			Add Remove
<u>_</u>			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add 200 TO AHAHAHA
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	L-2 PH 2: ASSEF, FIGH
			ATE DE
Dated	June 27th 20	12	
Dated			
•	·	or authorized representative of a member	
	Typed	Heger Asenjo or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00