

L12 000024966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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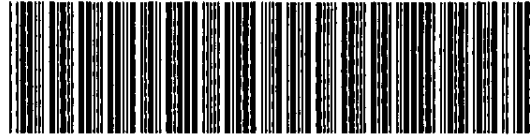
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 11 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Yellow Tie Productions LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell Blakemore

Name of Person

Yellow Tie Productions LLC.

Firm/Company

1905 N 25th St.

Address

Ybor City, Florida, 33605

City/State and Zip Code

rustymb86@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell Blakemore

Name of Person

at **850 258-8899**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Yellow Tie 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 2/21/2012 and assigned
Florida document number L12000024966.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1905 N 25th St.

Ybor City, Florida

33605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1905 N 25th St.

Ybor City, Florida

33605

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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:

Name of New Registered Agent:

Mitchell Blakemore

New Registered Office Address:

1905 N 25th St.

Enter Florida street address

Ybor City

City

Florida 33605

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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Blakemore, Mitchell	1905 N 25th St	<input checked="" type="checkbox"/> Add
		Ybor City, Florida	<input type="checkbox"/> Remove
		33605 US	
MGRM	Vahdatpour, Cyrus	5103 TOLLBRIDGE CT.	<input type="checkbox"/> Add
		TAMPA FL	<input checked="" type="checkbox"/> Remove
		33647 US	
MGRM	Boffeli, Sean	5103 TOLLBRIDGE CT.	<input type="checkbox"/> Add
		TAMPA FL	<input checked="" type="checkbox"/> Remove
		33647 US	
MGRM	Garner, Seth	5103 TOLLBRIDGE C	<input checked="" type="checkbox"/> Add
		TAMPA FL	<input checked="" type="checkbox"/> Remove
		33647 US	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

Sean Boffeli

Signature of a member or authorized representative of a member

Sean Boffeli

Typed or printed name of signee

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Filing Fee: \$25.00

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