

L120000 666641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FEB 06 2019
T. LEMAY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAP 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:

ALFONSO EDUARDO PRADO

Name of Person

EAP PRODUCTIONS LLC

Firm/Company

1300 BRICKELL BAY DR #4201

Address

MIAMI FL, 33131

City/State and Zip Code

EDUARDOPRADO@EAPPRODUCTIONS.COM

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

For further information concerning this matter, please call:

ALFONSO EDUARDO PRADO

Name of Person

at (**305**)

Area Code

9150144

Daytime Telephone Number

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
EAP 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 5/16/2012 and assigned
Florida document number L12000066641

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1460 NW 107 AVE SUITE Q #3
MIAMI FL, 33172

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1300 BRICKELL BAY DR #4201
MIAMI FL, 33131

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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.

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>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>ALBERTO MOSQUEDA</u>	<u>1300 BRICKELL BAY DR #4201</u>	<input type="checkbox"/> Add
		<u>MIAMI FL, 33131</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

AMENDING MY NAME AS IT SHOWS IN MY OFFICIAL ID'S
CHANGE FROM EDUARDO PRADO TO

ALFONSO EDUARDO PRADO

ATTACHED A COPY OF MY DL AND PASSPORT.

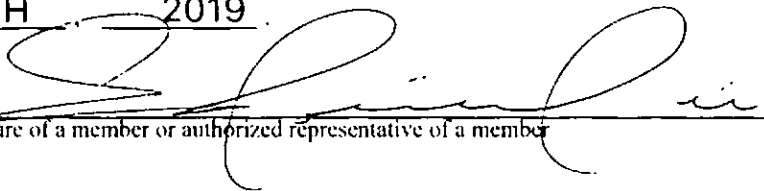
E. Effective date, if other than the date of filing: 1/25/19 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JANUARY 27TH 2019


Signature of a member or authorized representative of a member

ALFONSO EDUARDO PRADO

Typed or printed name of signer

ALFONSO
DRIVER LICENSE CLASS
P630-005-7 165-1

ALFONSO EDUARDO

PRADO

1300 BRICKELL BAY 4201

MIAMI, FL 33131-3486

DOB: 05-05-1973 SEX: M

ISSUED: 05-04-2015 HQ: 5-08

EXPIRES: 05-05-2023

RESTRICTED

ENDORSE

05-05-2015 HQ: 5-08

SAMPLE DRIVER

Consent to any sobriety test required by