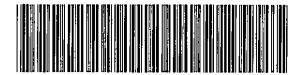
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(Address)				
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

KADO PR SUBJECT:	ODUCTIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DONNA FARMER			
		Name of Person		
	KADO PRODUCTIONS	LLC		
		Firm/Company		
	7040 SW 11 STREET			
	-	Address	· · · =	
	PEMBROKE PINES, FL.	33023-1651		
		City/State and Zip Code		
	DONNA FARMER22@GN			
	E-mail address; (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
DONNA FARMER		954 296-3462 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Se	ction	
Division of Corporations			Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

rs on our records.) 1/1/2013 and assigned s
rs on our records.) 1-1-1-2013 and assigned.
rs on our records.) 1. 1. 2013 and assigned.
11. 2013 and assigned.
41. 2015 and assigned.
und dusigned
-
ere:
<u> </u>
designation "LLC" or the abbreviation "L.L.C."
records, enter the name of the new registered
rida street address
Florida
Zip Code
capacity. I further agree to comply with the f my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is by confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KATHERINE CARMICHAEL	7040 SW 11 STREET	□Add
		PEMBROKE PINES, FL 33023	■Remove
			□Change
			DAdd
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
	—	□Remove	
			□Change
***			□Add
			□Remove
			□Change

). If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(It`an <u>No</u> t	ective date, if other than the date of filing: optional) 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)(ie: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
f the re ecord is	cord 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 s filed.
Dat	ed 01/15/2020 4:57 PM ()
	Signature of a member or authorized representative of a member
	DONNA FARMER DONNA FARMER

Filing Fee: \$25.00