

L13000054141

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T. Burek JUN 16 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MetroPlex Production LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tanjela Austin
Name of Person

MetroPlex Production LLC
Firm/Company

7264 White Trillium Cir
Address

Orlando/FL 32818
City/State and Zip Code

Tanjela222000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tanjela Austin at (321) 695-2674
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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**

Metroplex Production 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 4-12-2013 and assigned
Florida document number L13000054141.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	TANVELA AUSTIN	7264 White Trillium Cir	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
	Wayne White	2808 Grapevine Ct	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
	EBERE White	2808 Grapevine Ct	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DEPT. OF STATE
WASHINGTON, FLORIDA

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

Dated 5-26-2014

Ebere White

Signature of a member or authorized representative of a member

EBERE WHITE

Typed or printed name of signer

Page 3 of 3

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ALLAHABAD, FLORIDA

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

Dated 5-26-2014

Wayne White

Signature of a member or authorized representative of a member

Wayne White

Typed or printed name of signee

Page 3 of 3

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TALLAHASSEE, FLORIDA

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

Dated 5-26-2014

Tanjela Austin

Signature of a member or authorized representative of a member

Tanjela Austin

Typed or printed name of signer

Page 3 of 3

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