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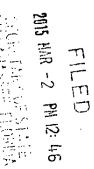
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## **COVER LETTER**

	gistration Sect ision of Corpo			
SUBJECT:	FIFO PRO	DDUCTIONS, LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		LAURI NELSON		
			Name of Person	
		TRIPLE BOND PRO	DUCTIONS, LLC	
			Firm/Company	And the second s
	12472 LAKE UNDERHILL RD #504			
			Address	
		ORLANDO, FL 3282	28	
			City/State and Zip Code	
		1LAURINELSON@G	MAIL.COM to be used for future annual report notific	
T 6 4 1			•	zauon)
For turther i	ntormation coi	ncerning this matter, please ca	AII:	
LAURI N	ELSON		407 432-9581	
	Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	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)

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

FILED 2015 MAR -2 PM 12: 46 SECHATAKY OF STATE TALLAMASSEE TORRIGA

FIFO 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 <u>08/09/2013</u>	and assigned
Florida document number L13000112507		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TRIPLE BOND PRODUCTIONS, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14416 LAKE UNDERHILL RI	)
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32828	
	we (* 1 * 2 * * * * * * * * * * * * * * * *	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>,</u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
	<del>-</del>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Planida	
<del></del>	, 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

iding the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

. 4GR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		<del> </del>	□ Remove
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It amending any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after of State)
Dated FEBRUARY 25,	2015
20	
Signature of a m	ember or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

