## 13000114604

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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02/14/22--01011--004 \*\*25.00

2022 FEB ILL PM I: 16 SEGRETARY OF STATE

A. BUTLER
FEB 2 2 2022

## **COVER LETTER**

| Division of Co             |  |  |  |
|----------------------------|--|--|--|
| SUBJECT:                   | AATEVER PRODU                                | CTIONS LLC mited Liability Company   |  |
| The enclosed Articles of   | Amendment and fee(s) are sul                 | bmitted for filing.  |  |
| Please return all corresp  | ondence concerning this matter               | to the following:  |  |
|                            | THOMAS L.                                    | CARRIGAN III   |  |
|                            | WHATEVER PRO                                 | DOUCTIONS Firm/Company   | <u></u>  |
|                            | 568 WALDEN                                   | Address  |  |
|                            | WINTER SPRING                                | City/State and Zip Code  City/State and Zip Code  Com  To the used for future annual report noti |  |
|                            | <u>tearriganiile</u><br>E-mail address: (    | angil. Com   | fication)  |
| For further information of | oncerning this matter, please c              |  |  |
| Tom CARRI                  | GAD<br>of Person                             | at ( <u>407</u> ) <u>637</u><br>Area Code Daytim   | 7849   |
| rune (                     | i i craon                                    | Atea Code Traytim  | e Telephone Number   |
| Enclosed is a check for t  | he following amount:                         |  |  |
| \$25.00 Filing Fee         | ☐ \$30.00 Fiting Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                              | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |
|                            |  |  |  |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHATEVER PRODUCTIONS LLC

FILED

2022 FEB 14 PM 1: 16

Zip Code

| (A Flo  | rida Limited Liability Company)  |
|---|--|
|   | SECRETARY OF STATE   |
| The Articles of Organization for this Limited Liability   | Company were filed on 8/14 (390)[3336 and assigned   |
| Florida document number <u>L 13000114604</u>  | <u> </u>   |
| This amendment is submitted to amend the following  |  |
| A. If amending name, enter the new name of the l  | imited liability company here:   |
| The new name must be distinguishable and contain the words "I   | .imited Liability Company." the designation "LLC" or the abbreviation "LLC."                 |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET AD   | DRESS)   |
|   |  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | red office address on our records, <u>enter the name of the new registered</u><br><u>e</u> : |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   |  |

## 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.

City

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>          | Address                 | Type of Action   |
|--------------|----------------------|-------------------------|------------------|
| MGR          | EOWARD LLE RENA      | 4514 ROCKLEDGE ROAD     | <b>5%</b> Add    |
|              |                      | ORLANDO, FL 32807       | □Remove          |
|              |                      |                         | □Change          |
| MGR          | FRANCIS H, SCHEURING | 239 LAKERIDGE COURT     | <b>⊠</b> Add     |
|              |                      | WINTER SPRINGS, FL 3270 | <b>∑</b> □Remove |
|              |                      |                         | □Change          |
|              |                      |                         | 🗆 Add            |
|              |                      | <del></del>             | □Remove          |
|              |                      |                         | □Change          |
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| an effecti<br><u>ote:</u> If t | date, if other<br>ive date is listed,<br>the date inserte<br>it's effective da | the date must<br>ed in this blo | be specifie ar<br>ck does not | nd cannot be p<br>meet the ap | prior to date of<br>plicable stat | Hiling or more      | (0<br>than 90 days :<br>equirements. | after filing.) Pu | rsuant to 605.0207 and the listed as t |
| record sp<br>is filed.         | pecifies a delay   |                                 |                               |                               |                                   | 2:01 <b>a.m.</b> on | the earlier of                       | f: (b) The 90     | th day after the                       |
|                                | 2/9  | <del>,</del>                    |                               | 202<br>Th                     | 2                                 |                     |                                      |                   |  |
| ated                           |  |                                 | (1)                           | (NT                           |                                   |                     |                                      |                   |  |
| ated                           |  | Ton (                           | and en                        | member or a                   | uthorized ren                     | resentative of      | a member                             |                   | <del>.</del>                           |