113000174090

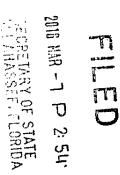
(Re	equestor's Name)	<u></u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
		,

Office Use Only



200282941872

09/97/18--01006--010 **25.00



MAR 0 8 2016

S MASON

COVER LETTER

	Registration Se Division of Cor				
SUBJEC	NAPA, LL	C			
00000		Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
		Buddy Levy			
			Name of Person	· ····································	
		Buddy J. Levy, P.A.			
			Firm/Company		
	6261 MW 6th Way, Suite 100				
			· Address		
		Ft. Lauderdale, FL 33309	·		
		hla@lala	City/State and Zip Code		
	;		to be used for future annual report notifi	ication)	
For furthe	er information co	oncerning this matter, please c	all:	•	
Buddy L	evy		813 731-7310 at (
	Name of	f Person		Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	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)	

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

NAPA, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on December 1	8, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Napa Productions, LLC		
he new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	The second of th	
numing undress mat be at ost of fice box)		
3. If amending the registered agent and/or regi	istered office address on our re	cords enter the name of the ne
egistered agent and/or the new registered office ad		corus, cinter the name of the he
Name of New Registered Agent:		······································
New Registered Office Address:		
	Enter Florida street d	nddress
		, 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 Age

Page 1 of 3

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
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			🗆 Add
			☐ Remove
			Change
	 		□ Add
		SELRETAR ANASTAS	,Remove
		Y OF ST	Change
			_□ Remove

I am	ending any other informat	ion, enter cha	ange(s) here: (Attach addition	al sheets, if n	ecessai	'y.)	
-								
-								
-	_		· · · · · · · · · · · · · · · · · · ·					
-					<u> </u>			
-								
-								
-			-	· <u>-</u>				
-					•••			
-					• ,	<u></u>		
-				· · ·				-
-								
-						<u>_</u>		
-								
_								
-								
lote: ocum e rec	ive date, if other than the efective date is listed, the date must. If the date inserted in this blonent's effective date on the Decord specifies a delayed a 90th day after the record.	eck does not me partment of Sta effective da	et the applicable ate's records.	statutory filing re	equirements, t	this date	e will n	ot be listed
د مور	February 29		2016					
ated	$\overline{}$	<i>M D</i> 0	1/110		~	- : (- : () 12- ()	2016 ×	
	- Wi	Signature of a me	ember or authorize	d representative of	a member	工(円)>	±	
	Audrey Balbiers	Signature of a me	ember or authorize	d representative of	ŕ	ETARY (<u>帯</u> 上	
		U	ember or authorize				1	m O

Filing Fee: \$25.00