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(Address)	
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COVER LETTER

Division of Corpo			
SUBJECT: BRANCI	H STREET PRI	ODUCTIONS, LLC	
	Name of Limi	at (954) 684.6145 Area Code Daytime Telephone Number mount: Filing Fee & \$\Bigcup\$\$ \$55.00 Filing Fee & \$\Bigcup\$\$ \$60.00 Filing Fee,	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Shelah	Rhoulhac	
		Name of Person	
	NA		
			· · · · · · · · · · · · · · · · · · ·
	17951 SW 4	1st street	
		Address	
	Miramar,	FL 33079	
		•	
,	shelah@sl	relahmarie. Cov	<u>v</u>
	•	•	tion)
For further information con	cerning this matter, please ca	dl:	
Shelah Pl		at (954) 684.1	ø145
Name of Po	erson	Area Code Daytime To	elephone Number
Englosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		

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

Branch Street 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 March 10	2014 and assigned			
Florida document number <u>L1400003949</u> 0		•			
Florida document number Li TOOOO 5-17 1.9					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
Curvy, Curly, Conscious, LI	_C				
The new name must be distinguishable and contain the words "Limited Liabil		or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	17951 SW 41st street				
	miramar, FL 33029				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		□			
		OIK SEI			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		71 10			
registered agent and/or the new registered office address here	Ē•	_ED			
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:		55 29			
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·			
	, Flo	rida			
	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

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>	Name	Address	Type of Action
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			□ Remove
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te: If the d	ate is listed, the date mus late inserted in this blo fective date on the De	ock does not me	et the applica	ble statutory f	iling requirem	nays after filing.) ents, this date v	vill not be	listed a
	pecifies a delayed day after the reco		ite, but not	an effectiv	e time, at 1	2:01 a.m. c	n the ea	arlier d
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ted	eptember	24 ,	2019	<u>.</u>	\sim			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00