L14000061247

(Requestor's Name)
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COVER LETTER

ТО:	Registration Section Division of Corporations					
e: r: 15 r1	CT:AM-PM HOLDINGS LLC					
SUBJI	Name of Limited Liabil	ity Company				
The en	closed Articles of Amendment and feets) are submitted fo	r filing.				
Please	return all correspondence concerning this matter to the fol-	lowing:				
	ALEXANDER HACHE JR. EA					
	Na	me of Person				
	HACHE FINANCIAL SOLUTI	ONS LEC				
Firm/Company						
	12515 ORANGE DRIVE, SUITE 810					
		Address				
	DAVIE, Ft. 33330					
		ate and Zip Code				
	ALEX & HACHEFINANCIAL.CO	oM tor future annual report notification)				
For fu	ther information concerning this matter, please call:	To sature annual report indirection?				
ALE	NANDER HACHE JR. EA	U(=954) 618-1001 Area Code Daytime Telephone Number				
Name of Person		Area Code Daytime Telephone Number				
Enclos	ed is a check for the following amount:					
×s≡	Certificate of Status C	5.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate Copy additional copy is enclosed 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

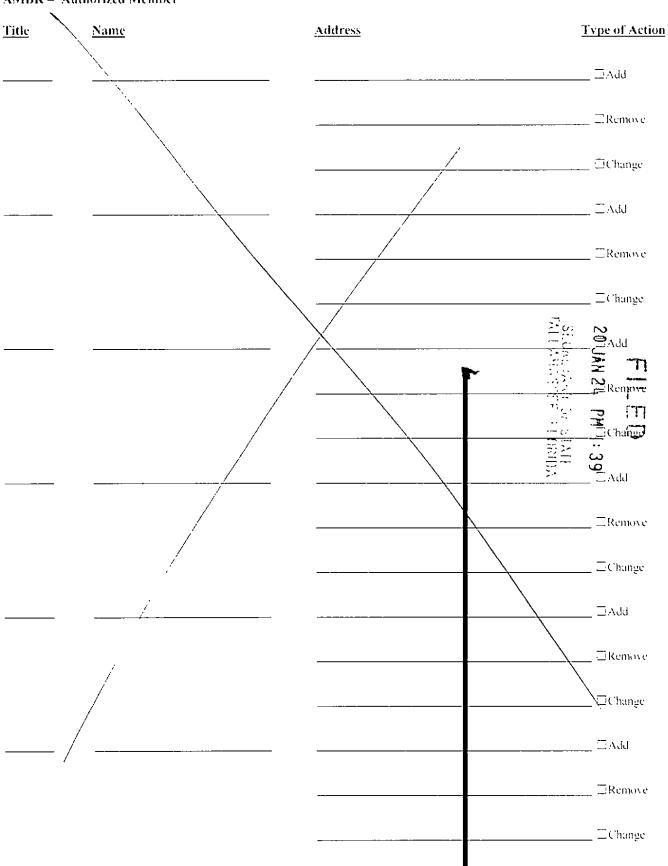
AM-PM HOLDINGS LLC			
(<u>Name of the Limited Liability</u> (λ Florida l	Company as it now appears on our records imited Fability Company)	<u>.</u> 1	
The Articles of Organization for this Limited Liability Co	mpany were filed on 4/15/2014	and assigned	
Torida document numberL14000061247	<u>.</u> .		
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limit	ed liability company here:		
AM-PM PRODUCTIONS LLC			
he new name must be distinguishable and contain the words "Limit	ed Liability Company." the designation "LLC"	0	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	<u> </u>		
		그 그 그	
Inter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		5F 3	
3. If amending the registered agent and/or registered	office address on our records, enter	the name of the new regist	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		orida Zip Cade	
	Cur	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. Thereby confirm that the limited liability company has been notified in writing of this change.

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



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Effecti	ive date, if other than the da	te of filing:	(optional)
lf an effe Note:	ective date is listed, the date must be If the date inserted in this block	specific and cannot be prior to do	ate of filing or more than 90 days statutory filing requirements	after filing.) Pursuant to 605,0207 (this date will not be listed as t
	ent's effective date on the Depar			
	d specifies a delayed effective da	ae, but not an effective time.	at 12:01 a.m. on the carlier c	of: (b) The 90th day after the
rd is til	led.			
	JANUARY 13.	2020		
Dated .				
		2		
	Sig	nature of a member or authorize	d representative of a member	
	MICHAEL HACHE			

Filing Fee: \$25.00