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Office Use Only



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COVER LETTER

TO:	Registration of				u		\$ \$ 8				
CEIDI		EL GEORGE HARRIS PRODUCTIONS LLC									
SUBJ	ECT:	Name of Limited Liability Company									
The e	nclosed Article	es of Am	endment and fee(s) are sub	mitted for filing	g.						
Please	e return all con	responde	nce concerning this matter	to the followin	g:						
	GEORGE HARRY GONZALEZ SHAW										
Name of Person											
			EL GEORGE HARR	RIS PRODU	CTION	SLLC					
Firm/Company											
999 BRICKELL BAY DRIVE APT #510											
				Addre	ess	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
		MIAMI, FL 33131									
		(GEORGE7HARRIS@	City/State and							
		_	E-mail address: (to be used for fut	ure annual	report notificat	ion)				
			erning this matter, please ca	all:							
NES	STOR L. GI	UILLEN	J	30. at (5 8	31-4093					
	Na	ame of Pe	rson		Code	Daytime Te	lephone Number				
Enclo	sed is a check	for the fo	ollowing amount:								
₽ \$2	25.00 Filing Fe	ee [3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 F Certified (additional			□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Re Di P.0	egistratio ivision of O. Box 6	ADDRESS: n Section Corporations 327 c, FL 32314		Registrat Division Clifton E 2661 Exc	T/COURIER tion Section of Corporatio Building ecutive Center see, FL 32301	ns Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL GEORGE HARRIS 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 and assigned Florida document number _____L14000061428 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: George Harry Gonzalez Shaw Name of New Registered Agent: 999 BRICKELL BAY DRIVE APT #510 New Registered Office Address: Enter Florida street address Miami 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
		<u></u>	Remove
			Add
			☐ Remove
			□ Add
			☐ Remove
			Add Remove
			Add Remove
			☐ Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
•	
	ive date, if other than the date of filing:(optional)
	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	May 27 2014
Dated	
	\mathcal{M} .
	Signature of a member or authorized representative of a member
	George Harry Gonzalez Shaw
	Typed or printed name of signee

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Filing Fee: \$25.00

IALLAHASSEE FLORIDA