# L14000105890

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

T. Duck Box Productions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Patricia Rivadeneira

Name of Person

# Duck Box Productions, LLC

Firm/Company

79 SW 12 ST Unit 3003

Address

Miami, fl. 33130

City/State and Zip Code

## patricia@duckboxproductions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Patricia Rivadeneira

786.3515492

Name of Person

Arca Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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

Duck Box Productions, LLC				
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 7/2/14	and	d assign	ed
Florida document number L14000105890				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviati	ion "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)	97. 177.		
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		3.7.7° (a)		. rec
Enter new mailing address, if applicable:		r i ngga men	4.	:
(Mailing address MAY BE A POST OFFICE BOX)			- ==	· ' ' j
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B. If amending the registered agent and/or register	ered office address on our records, enter	the na	me of	the new
registered agent and/or the new registered office addre	ess here:			
N. O. D. C.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	7:n C		

### 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 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 = Authorized Member <u>Title</u> Name Address Type of Action **AMBR** Patricia Rivadeneira 79 SW 12 ST UNIT 3003 MIAMI, FL. 33130 \_□ Remove □ Add ☐ Remove □ Add \_\_\_ Remove \_□ Add □ Remove \_ Add ☐ Remove

. If amending any ot	ther information, enter change(s) here: (Attach additional sheets, if necessary	iry.)
<del></del>	· · · · · · · · · · · · · · · · · · ·	
(The effective date must be	her than the date of filing:	<b>I</b> )
Dated July 3rd	d 2014	
	Patricia Rivadulla	
	Signature of a member or authorized representative of a member	
Patrio	cia Rivadeneira	
<del></del>	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00