L14 060165575

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



700266171457

11/05/14--01008--006 **60.00

14 NOV -5 AM 9: 16
SECTETARY OF STATE
TALLUMHASSEE, FLORIT

J. Shivers NOV 0 6 2010

COVER LETTER

Division of Corp	orations		•
Bol'Fare I	Productions, LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Alana Nunez-Benneti		
	Alana Nunez-benneti		
		Name of Person	
	Bol'Fare Productions,	, LLC	
		Firm/Company	
	17101 Guilford Ct.		
		Address	
	Orlando, FL 32820		
		City/State and Zip Code	
	bfpexperience@gmail		
		be used for future annual report notification	n)
For further information co	ncerning this matter, please cal	l:	
Alana Nunez-Benne	ett .	407 529-7533	
Name of	Person	Area Code Daytime Telep	phone 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:

TO:

Registration Section

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

Boi Fare Productions, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing decument number 200265522712	any were filed on October 20, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Bol'Face Productions, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	0	
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	d office address on our records, enter	the name of the n
registered agent and/or the new registered office address b		
Name of New Registered Agent:		SE 74
New Registered Office Address:		3 3
	Enter Florida street address Florida	SSET -5
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent· (S 9:
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl	agree to act in this capacity. I further age	ee to comply with i

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	Name	Address	Type of Action
			
			Add
			Remove
			□ Add
		<u> </u>	
			Remove
			
			Add
			□ Remove
			Add
			☐ Remove
			□ Add
			Remove

If amending any other informati	on, enter change(s) here: (Attach	additional sheets, if necessary.)
Affective date, if other than the date effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and o	cannot be more than 90 days after
o _{ated} November 3	2014	
- 1		
	Amara 10	
Tamara Nunez	Maca Sprature of a member or authorized represe	entative of a member

Page 3 of 3

Filing Fee: \$25.00

TALLES STANGALOUS STATE