L14000195673

(Requestor's Name)				
(Address)				
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SECRETARY OF STATE

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N. GUREGO UST -7 2015

* COVER LETTER

SUBJECT:	MO PRODUCTI	ons and fr	RIENDS LLC
		mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
	WENDY	MARX	
		Name of Person	
		Firm/Company	
	3160 N	ORTH 35 th	h street
			33021-2 6 30
	MAGICM	City/State and Zip Cod ARXIE @ 6 (to be used for future annu	BMAIL, COM
For further informatio	n concerning this matter, please	•	ia report nonnearion)
WENDY	MARX	at (954)	989-05 o 5 Daytime Telephone Number
Nam	e of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	r the following amount:		
- \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fe Certified Copy (additional copy is	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 ARTICLES OF ORGANIZATION **OF**

FILED 2019 OCT -5 AM 9: 49

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PRODUCTIONS AND FRIENDS LLC

(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000 195673</u>	were filed on 12/29/2014 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liak	oility company here:	
HAVE A SLEEPOVER PROD		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records, enter the name of the n	
registered agent and/or the new registered office address her	<u>re</u> :	
	NIA	
Name of New Registered Agent:	MA	
New Registered Office Address:	N/A	
	Enter Florida street address	
	, Florida City Zip Code	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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.

NIA

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 = 1 $AMBR = 1$	Manager Authorized Member	NIA	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
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		64
(If an effecti Note: If t	date, if other than the date of filing:	207 (3)(b) as the
the recor) The 90	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier lith day after the record is filed.	of:
Dated	SEPTEMBER 30, 2015	
	SEPTEMBER 30, 2015. Wendy hand	
	Signature of a member or authorized representative of a member	
	WENDY MARX	

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Filing Fee: \$25.00