

150000 30855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

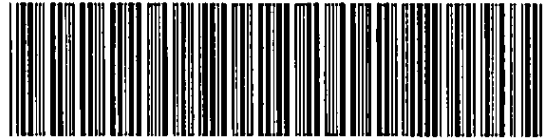
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

4/12/1905



The Law Offices Of  
George D. Perlman, P.A.

George D. Perlman      NY, FL  
Brett Bernstein, Associate      NY, FL  
Jennifer Haime, Associate      DC, FL  
Benjamin Miller, Associate      FL

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Tel.: (305) 374-5646  
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Representative Office  
4<sup>th</sup> Floor, 35 Piccadilly  
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Of Counsel to Robert Allen Law  
E-Mail: george@gplawintl.com

April 2, 2019

**Sent via Fedex: 7748 5896 3523**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Amended Articles of Incorporation Change Mahniverse LLC Name**  
**File: 99767.005**

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2019 APR -4 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam,

Please find enclosed the Articles of Amendment for Mahniverse LLC to amend its name to Mahniverse Productions LLC.

Should you have any questions or concerns regarding the above, please do not hesitate to contact me directly at or (305) 374-5646.

Kindest regards,



Benjamin Miller

Encl  
BM

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

MAHNIVERSE LLC

SUBJECT: \_\_\_\_\_  
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:

Benjamin Miller

\_\_\_\_\_  
Name of Person  
George D. Perlman, P.A.

\_\_\_\_\_  
Firm/Company  
1441 Brickell Avenue, Suite 1400

\_\_\_\_\_  
Address  
Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code  
ben@gplawintl.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

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2018 APR -4 P 6:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Benjamin Miller 305 374-5646  
\_\_\_\_\_  
Name of Person at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

MAHNIVERSE 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 02/18/2015 and assigned  
Florida document number 115000030855.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Mahniverse Productions LLC

The new name must be distinguishable and contain 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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**D. If appending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

3/28/19

*[Signature]*

Signature of a member or authorized representative of a member

FELLA CCG GERAM

Typed or printed name of signee