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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corpora		• • •	
SUBJECT; JUO	od Product	ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subn	utted for filing.	
Please return all corresponder	ce concerning this matter to	o the following:	
· .	Jan	Name of Person	11 (
		Finn/Company	
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For further information conce	rning this matter, please cal		
Brandee W		at (7) US	8-3901 w Telephone Number
Enclosed is a check for the fo	lowing amount:		
S25.00 Filing Fee C	\$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

Juxad 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 3/17/15 and assigned Florida document number 150000/000.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Executive Studios LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbre
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:
Name of New Registered Agent.
New Registered Office Address:  Enter Florida street address
· · · · · · · · · · · · · · · · · · ·
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

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:

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Filing Fee: \$25.00