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COVER LETTER

Division of Corporations	
	PRODUCTIONS LUC mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fec(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
DAVID J. KOZLOW Name of Person TENNIS VISION PRODUCTION Firm/Company	
_	
5580 COUNTRY CLUB LA	/ 4
SARASOTA, FL 3424 City/State and Zip Code	<u>Z</u>
thekozo bell south net E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
DAVID KOZLOWS/CI at (at (941) 586-5194 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amour	nt:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE
DIVISION OF CORPORATION

10 HAY -9 AM & BT

TENNIS VISION 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 $\frac{4/20/2015}{4/20/2015}$ and assigned Florida document number $\frac{2/5000075335}{4/20/2015}$.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	5680 COUNTRY CLUB WAY SARASOTA, FL 34242
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(SAME)

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:	DAVIN J.	Kozlowski
New Registered Office Address:	_	NTRY CLUB WAY
	Enter Florida	street ailtress
	SARAGOTA	, Florida <u>34242</u>
	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>	Address	Type of Action
AMBR	ROBERT GRAY	1655 HILLVIEW ST. SARAGOTA, FL 34239	Add
	,	SARAGOTA, FL 34239	Remove
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	specifies a delayed effection day after the record is file		t an effective tim	e, at 12:01 a.m. (on the earl	ier of:
Dated	5/7/2018					
	— Signature	or a member or author	rized representative of	a member		

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Filing Fee: \$25.00