L15 000 199831

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800290628438

09/28/16--01019--001 **25.00

16 SEP 28 PM 3: 21

SER 2.0 TURE RIS

COVER LETTER

TO:	Registration Sec Division of Corp			•		
, CI ID IY:		RODUCTION LLC				
SUBJE	CI:	Name of Limited Liability Company				
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspon	dence concerning this matter	to the following:			
		GABRIEL DAGUERRE				
			Name of Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			,			
			Firm/Company			
		7946 EAST DR APT 109				
		NORTH BAY VILLAGE,	, FL 33141			
			City/State and Zip Code			
		ALEX@SUAREZ-BASTE	R.COM to be used for future annual report notifice	ation)		
For furt	her information co	ncerning this matter, please ca	-	,		
GABRI	EL DAGUERRE	•	305 885-9846 at ()			
	Name of	Person		Celephone Number		
Enclose	d 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:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUDEAF PRODUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(11 Toriou Diffited Elability Company)	
The Articles of Organization for this Limited Florida document number L15000199831	and assigned	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	6 255 9 255
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on	our records, enter the name of the ne
Name of New Registered Agent:	GABRIEL DAGUERRE	
New Registered Office Address:	7946 EAST DR APT 109	
- · · · · · · · · · · · · · · · · · · ·	Enter Flori	da street address
	NORTH BAY VILLAGE	, Florida ³³¹⁴¹
	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

r remove	d from our records:	nanage, <u>enter me mie, name, and addres</u>	
AGR = N	Manager Authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
AGR	GUSTAVO J MACHADO SOSA	1865 79TH ST CSWY	
		N. BAY VILLAGE, FL 33141	
			Change
1GR	GABRIEL DAGUERRE	7946 EAST DR APT 109	: Add
		N. BAY VILLAGE, FL 33141	□ Remove
			Change
	***		□ Add
			☐ Remove
			Change
. <u>. </u>			Add
			☐ Remove
			□ Change
			□ Add
			PChange 3: 2
			DAdd≝

_□ Change

			-			
				· (44+HCI+ HHHELEUI)	mi sieces, y necessui,	Y-J
	•	, ,				
<u>-</u>		<u> </u>				
-		 _				
•	,					
			· · · · · · · · · · · · · · · · · · ·			
	· · · ·					
			. .			
_				·		
_		<u>-</u>	,			
_		<u> </u>			*	
					•	
_				····		
_						
_						
_						
-	····					
		•				
				·		
			<u> </u>			
. 4 •	3 4- 16 A	.45 1.4 6.691	•		(
effe	ve date, ii otne ctive date is listed.	er than the date of fill , the date must be specific	ing:	o date of filing or mor	(optional)	.) Pursuant to 605.0
<u>e:</u>	If the date inserte	ed in this block does no	t meet the applica	ble statutory filing	requirements, this date	will not be listed
ume	ent's effective da	ate on the Department o	f State's records.			
	ard enacifies	a dalayed offertive	data but not	an offactive tir	ma at 13:01 a m	on the earlie
יים אר	oru specilies Q0th day afte	a delayed effective er the record is file	ade, pui not	an enecuve u	HC, at 12.01 ailli	or the carrier
IC	oull day alte	a the record is me	u.			
		1	1			ਰ :
ed _	AUGUST 24		2016			
-		21/ /	7' }	7) 1	/	SEP 10.5
		Mhash	WOA	1/1/11	$A \land$	28
		NIVY)	V CAN			 2
		Signature of	a memoer or autho	rized representative o	a member	72
	GARRIOY	ACUEDDE	\.(<i>/</i>			<u>မှ</u> နိ
	GABRIEL D	JAGUEKKE	<u> </u>			<u>i</u>
			Typed or printed	I name of signee		

Page 3 of 3

Filing Fee: \$25.00