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## **COVER LETTER**

то:	Registration Se Division of Cor			
CHD IE	Alt	Ivy Productions LLc		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Kaleina Cordova		
			Name of Person	
			Firm/Company	
		12880 Ma	·	
			Address	
		Boca Raton, Fl		<u> </u>
		KMC017@GMA	City/State and Zip Code	
		_	to be used for future annual rep	ort notification)
For furth	ner information o	concerning this matter, please c	all:	
Kale	ina Cordova			89-0541
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>⊠ \$</b> 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of C P.O. Box 632	Section Corporations 27	Division of The Centre	on Section of Corporations of Tallahassee
	Tallahassee,	PL 32514	2415 N. N	Aonroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMC productions LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on12/:	24/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:		
Alt Ivy Productions LLC			-
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	nation "LLC" or the al	breviation "LL.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		·. <u>-</u>
			2:
Enter new mailing address, if applicable:	<del></del>		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			^
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	rds, <u>enter the nan</u>	ge of the new register
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 Agen	<u>t:</u>		

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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□Remove
			□Change

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Filing Fee: \$25.00