1600004555/

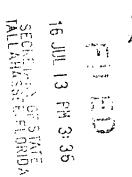
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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J. HARRIE

* COVER LETTER.

Div	ision of Corp	orations			
eud IPÆT.	TOTAL CH	AOS PRODUCTION, LLC			
SUBJECT:		Name of Limi	ted Liability Company		_
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspor	idence concerning this matter t	to the following:		
		DESIRAE DENSON			
			Name of Person		
		TOTAL CHAOS PRODUC	CTION, LLC		
			Firm/Company	<u>, </u>	
		4421 AMERICA ST			
			Address		
		ORLANDO, FL 32811			
			City/State and Zip Code		
		TOTALCHAOSPRODUCT	CION@GMAIL.COM o be used for future annual rep	aget notification)	<u> </u>
				of notification)	
For further i	ntormation co	oncerning this matter, please ca	iii:		
DESIRAE I	DENSON		407 450-i	8426	
	Name of	Person	Area Code	Daytime Telephone No	umber
Enclosed is	a check for th	e following amount:			
□ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer sed) Cer	00 Filing Fcc, rificate of Status & rified Copy litional copy is enclosed)
	MAILI	ING ADDRESS:	STREET/	COURIER ADDRE	SS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL CHAOS PRODUCTION, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	,
The Articles of Organization for this Limited Liability of Florida document number L16000045551.	Company were filed on 03/03/2016	and assigned
Florida document number	 ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	(RESS)	
Enter new mailing address, if applicable:		Emilian .
(Mailing address MAY BE A POST OFFICE BOX)	一一 PA CA PART CA PAR	
		<u> इसे ठा</u>
D. If amounting the registered agent and/or regis	intered office address on our records	antar the name of the new
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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
EXEC	CHRISTINA L PERRY	4421 AMERICA ST	
		ORLANDO, FL 32811	Remove
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			□ Change
			Add
			Add Remove
			
			Remove
			Change
			Remove
			Change

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	 -		To be !			
						
		<u> </u>	 -			
				<u></u>		
						
ective date, if other t	han the date of i	03/31/201	6	((optional)	
n effective date is listed, the ster. If the date inserted cument's effective date record specifies a	e date must be specifi in this block does on the Department	ic and cannot be pri- not meet the appl t of State's record	icable statutory fil ls.	ling requirements	, this date will no	ot be listed a
The 90th day after			or an encouve	, amo, at 12.	oo emm on al	2 43,701
MAY 5TH		2016	^ _ ·			
			The			
		Jani	the sized representati	ive of a member	<u> </u>	
	Signature	or a memogror au	mortzen representati			·
WENNOBIG !!		of a member of au	monzed representat		하고 표: 당근	Ş
KENNORIS W		,	nted name of signee			
KENNORIS W		,				프 - 교 - 기

Filing Fee: \$25.00