# LIMMHUIS

| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Ви                     | usiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only

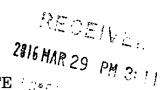


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# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2016

SEAN DIEDRICK 14500 S.W. 88TH AVE. APT #158 PALMETTO BAY, FL 33176

SUBJECT: YOUNGPOW PRODUCTIONS, LLC

Ref. Number: L16000046418

We have received your document for YOUNGPOW PRODUCTIONS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A0000 5602

FILED

## **COVER LETTER**

| TO:           | Registration Sec<br>Division of Corp |  |   |   |                     |        |
|---------------|--------------------------------------|--|---|---|---------------------|--------|
| GEID I        |                                      | W PRODUCTIONS, LLC                                     |   |   |                     |        |
| SUBJI         | ЕСТ:                                 | Name of Limi   | ted Liability Company   |   |                     |        |
| The en        | closed Articles of A                 | Amendment and fee(s) are sub                           | nitted for filing.  |   |                     |        |
| Please        | return all correspoi                 | ndence concerning this matter                          | to the following:   |   |                     |        |
|               |                                      | SEAN DIEDRICK  |   |   |                     |        |
|               |                                      |  | Name of Person  |   | -                   |        |
|               |                                      | YOUNGPOW PRODUC  | TION, LLC   |   |                     |        |
|               | Firm/Company                         |  |   |   | -                   |        |
|               |                                      | 14500 S.W. 88TH AVE,                                   | APT#158   |   |                     |        |
|               | Address                              |  |   |   |                     |        |
|               |                                      | PALMETTO BAY, FLOR                                     | IIDA, 33176   |   |                     |        |
|               |                                      |  | City/State and Zip Code   |   | -                   |        |
|               |                                      | SEANDIEDRICK@YAHC                                      |   | ACE.  | 2016                |        |
| For fiv       | ther information co                  | E-mail address: (1<br>oncerning this matter, please ca | to be used for future annual report notification)                     | AHAS  | HAR 2               |        |
|               | DIEDRICK                             | meering this matter, prease et                         | 786 5375852   | SEE.F   | 78 T                | FILED  |
|               | Name of                              | Person   | Area Code Daytime Telepho   | one Minibe  | بب<br>48            | . •    |
| Enclos        | ed is a check for th                 | e following amount:                                    |   |   |                     |        |
| □ <b>\$</b> 2 | 5.00 Filing Fee                      | □ \$30.00 Filing Fee & Certificate of Status           | ■ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | \$60.00 Fi<br>Certifica<br>Certified<br>(additional | ate of St<br>d Copy | atus & |

MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YOUNGPOW PRODUCTIONS, LLC   |  |
|---|--|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lir  | Company as it now appears on our records.) mited Liability Company)    |
| The Articles of Organization for this Limited Liability Com<br>Florida document number <u>L16000046418</u>  | pany were filed on MARCH 9TH 2016 and assigned                         |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited  | l liability company here:  |
| YOUNGPOW PRODUCTION, LLC  |  |
| The new name must be distinguishable and contain the words "Limited   | 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 ADDRES   | SS)  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address | ed office address on our records, enter the name of the news here:     |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   |  |
|   | , Florida<br>City Zip Code   |
|   | 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                | <u>Address</u>           | Type of Action    |
|--------------|----------------------------|--------------------------|-------------------|
| AMBR         | SEAN DANIEL DIEDRICK       | 14500 SW 88 AVE APT.#158 | <b>=</b> Add      |
|              |                            | PALMETTO BAY FL 33176    | Remove            |
|              |                            |                          | Change            |
| AMBR         | HAILEY LEONA DIEDRICK      | 14500 SW 88 AVE APT.#158 | <b>=</b> Add      |
|              |                            | PALMETTO BAY FL 33176    | Remove            |
|              |                            |                          | ☐ Change          |
| AMBR         | EMILY JADE DIEDRICK        | 14500 SW 88 AVE APT.#158 | Add               |
|              |                            | PALMETTO BAY FL 33176    | Remove            |
|              |                            |                          | Change            |
| MGR          | ALICIA LEONIA LEE DIEDRICK | 14500 SW 88 AVE APT.#158 | ■ Add             |
|              |                            | PALMETTO BAY FL 33176    | Add Remove        |
|              |                            | San English F            | ∴ Change          |
|              | <del> </del>               | ON PA                    | يب<br>Add = □ Add |
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|  |                                 |                       | RIDA                 | 8 11     |                |
| fective date, if other than the d<br>n effective date is listed, the date must | ate of filing:                  | data of filing or mor | (option              | al)      | cuppt to 605 0 |
| te: If the date inserted in this bloc  | ck does not meet the applicab   | le statutory filing   | requirements, this d | ate will | not be listed  |
| cument's effective date on the Dep   | partment of State's records.    |                       |                      |          |                |
|  |                                 |                       |                      |          |                |
| record specifies a delayed<br>The 90th day after the reco                      |                                 | an effective tir      | ne, at 12:01 a.r     | n. on i  | the earlier    |
| The John day ditter the reco   | a is mean                       |                       |                      |          |                |
| ted MARCH 11TH   | 2016                            |                       |                      |          |                |
|  | ,                               | •                     |                      |          |                |
|  | ignature of a member or authori |                       |                      |          |                |
|  |                                 |                       |                      |          |                |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00