L1600050495

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COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJI	ECT:		Name of Limited Liability Company				
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspor	ndence concerning this matter	to the following:				
		Milli	icent Vasquez				
		Vg	SQUEZ Production	ins, LLC			
		4354 NW E	52nd Street, Address				
		cownut (City/State and Zip Code				
		E-mail address: (t	e V S 4 Z e g mail to be used for future annual report noti	fication)			
For fur	ther information co	ncerning this matter, please ca	all:	·			
M	Name of			e Telephone Number			
Enclose	ed is a check for the	e following amount:					
= \$25	5.00 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 ORGANIZATION OF

Vasquez (productions, LLC
(A Florida Lin	Company as it now appears on our records.) mited Liability Company)
ne Articles of Organization for this Limited Liability Comp	npany were filed on 3/10/10 and assigned
orida document number <u>L1600056495</u>	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited	l liability company here:
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRES.	(S)
•	
nter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
	· · · · · · · · · · · · · · · · · · ·
	;·. ••••
	ed office address on our records, enter the name of the
<u>vistered agent and/or the new registered office address</u>	s here:
Name of New Registered Agent:	The state of the s
New Registered Office Address:	? ?:
	Enter Florida street address
	, Florida
	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

or removed from our records: MGR = Manager AMBR = Authorized Member Address 4354 NW S2nd Street COCONUT Creek, FL, 33073 <u>Title</u> <u>Name</u> Type of Action MGR Millicent Vasavez ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

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fective date, if other than	n the date of filing:	L. Jan Car	400	(option	nal)		
n effective date is listed, the da ote: If the date inserted in the	his block does not meet the	applicable statutory	or more than 90 filing requirer	nents, this	ling.) Pui late will	not be li	isted a
cument's effective date on	the Department of State's n	ecords.					
record specifies a del		ut not an effectiv	ve time, at	12:01 a.	m. on	the ear	lier
The 90th day after the	e record is filed.						
n nnil 1	2 , 20	16					
ted APRIL 1							
ited APRII 1	Signature of a member	of authorized represent	<u> </u>				

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Filing Fee: \$25.00