L 16000 56494

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #î
	☐ WAIT	·
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		;
		,

Office Use Only



400285104404

04/29/16--01033--010 **60.00



MAY 0 6 2016 J SHIVERS

COVER LETTER

ΓO: Registration Secti Division of Corpo			
SUBJECT:	Mark Rackley Name of Limited	Productions L	.LC
: The enclosed Articles of An	nendment and fee(s) are submitte	ed for filing.	
Please return all correspond	ence concerning this matter to th	e following:	
	Mari	L Rackley Name of Person	
	Mark	Rackley Product	ions LLC
	POR	00 X 432179 Address	<u></u>
	Big	PINE KLY, FL 3	33043_
	Markrac E-mail address: (to be	KPropamall. (60 used for future annual report notific	ration)
For further information con-	cerning this matter, please call:		
Kathie R Name of Po	ackett erson	at (305) 872 80 Area Code Daytime	Telephone Number
Enclosed 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mark Rackle (Name of the Limited Liabil (A Florid	Y Productions. LLC ily Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 10000510494	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C." RESS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida 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>	Name	Address	Type of Action
MGR	Mathie Rockett	29515 Enterprise Ave	🗆 Add
		Big Pinekey FL 33043	☑ Remove
		****	Change
MGR	Sheila Rackley	3346 Grand Ave	□ Add
		Deland, Fl 33272	PRemove
		***************************************	Change
AR	Mark Rackley	POBOX 432179	Add
		Big Pine Key, FL 33043	j≅ •Remove
			□ Change
MBR	Mark Rackley	PO BOX 432179	⊠ Add
		Big Pine Key, FL 33043	Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)	
		
	<u> </u>	
	85 G	
	ing 3	1 control
	927 8	
	>,	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	optional) after filing.) Pursuan s, this date will not	t to 605.0207 (2 be listed as th
If the record specifies a delayed effective date, but not an effective time, at 12: (b) The 90th day after the record is filed.	01 a.m. on the	earlier of:
Dated Opril , 2016. Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Mark Rackley Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Filing Fee: \$25.00