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(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registratio Division of	n Section Corporations	-	
SUBJE		N COUNCIL LLC		
	~··	Name of Lin	nited Liability Company	
The encl	losed Article	s of Amendment and fee(s) are sub	omitted for filing.	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANDREA BONE Name of Person ACCOUNTING & BUSINESS PARTNERS LLC Firm/Company 10730 102ND AVE Address SEMINOLE, FL 33778 City/State and Zip Code				
		ANDREA BONE		
			Name of Person	
		ACCOUNTING & BUSIN	NESS PARTNERS LLC	
		 	Firm/Company	MANUAL
		10730 102ND AVE		
		- .	Address	
		SEMINOLE, FL 33778		
		ANDREA RONE@VOLID	•	
				cation)
For furtl	ner informati	on concerning this matter, please of	eall:	
ANDRI	EA BONE		727 828-9945	
Please return all correspondence concerning this matter to the following: ANDREA BONE Name of Person ACCOUNTING & BUSINESS PARTNERS LLC Firm/Company 10730 102ND AVE Address SEMINOLE, FL 33778 City/State and Zip Code ANDREA BONE@YOURABPARTNERS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDREA BONE 727 828-9945 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status 8 Certified Copy Certificate Of Status 8				
Enclose	d is a check f	for the following amount:		
\$25	.00 Filing Fe		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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

EDISON COUNCIL LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L16000059636	on <u>03/24/2016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny here:
CK PRODUCTIONS 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 ADDRESS)	
	an
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SE SE
	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the name of the r
registered agent and/or the new registered office address here.	200 T
Name of New Registered Agent:	5 7
New Registered Office Address:	er Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
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