

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Melodia Productions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Robert Livingstone

Name of Person

Group Z Productions, LLC

Firm/Company

3847 NE 168th Street, Suite 4G

Address

North Miami Beach, FL 33160

City/State and Zip Code

boblivingstone@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Robert Livingstone

305 748-7611
at ()

Name of Person

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**

FILED
2016 SEP 15 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Meloda Productions, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 7, 2016 and assigned Florida document number L16000069211.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Group Z 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)

3847 NE 168th Street

Suite 4G

North Miami Beach, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3847 NE 168th Street

Suite 4G

North Miami Beach, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Anastasia Melodia Livingstone	3847 NE 168th Street	<input type="checkbox"/> Add
		Suite 3B	<input checked="" type="checkbox"/> Remove
		North Miami Beach, FL 33160	<input type="checkbox"/> Change
AMBR	j. Robert Livingstone	3847 NE 168th Street	<input checked="" type="checkbox"/> Add
		Suite 4G	<input type="checkbox"/> Remove
		North Miami Beach, FL 33160	<input type="checkbox"/> Change
AMBR	MariAnne Conlon	41 Park Avenue	<input checked="" type="checkbox"/> Add
		Suite 6B	<input type="checkbox"/> Remove
		New York, NY 10016	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2016 SEP 15 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: October 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 13, 2016

[Signature] [Signature]
Signature of a member or authorized representative of a member

Anastasia Melodia Livingstone J. Robert Livingstone
Typed or printed name of signee