L16000147103

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SEP 0 8 2020 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2020

JOSE CARRASCO CHINO PRODUCTIONS FL LLC 2631 HERON LANDING CT ORLANDO, FL 32837

SUBJECT: CHINO PRODUCTIONS FL LLC

Ref. Number: L16000147103

We have received your document for CHINO PRODUCTIONS FL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 920A00015947

Shelia H Young Regulatory Specialist II

COVER LETTER

TO:		ration Secti n of Corpo			, {	•.
SUBJ	ECT:	cHI	Nume of Lim	ICTION FL nited Liability Company	- Cle	·
The en	Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Sose CARRAS CO Name of Person Elimited Liability Company Address Address OR ARRAS CO Firm/Company 2631 HERON PRODUCTIONS WE LICE Firm/Company Address OR ARRAS CO Address OR ARRAS CO Physitate and Zip Code H. Nappodyctions Full Code H. mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sose ARRAS CO Name of Person Area Code Daytime Telephone Number					
Please	return all	correspond	lence concerning this matter	to the following:		
				Sose car	LRAS CO	
			etino PRO	ductions de	elle	
				rinio Company	/	
			6@lande	Address H 32	837	
			CHINOPPOCIO	Gity/State and Zip Code 1/0/15/	MAIC - (oou.
For fu	rther infor	mation con	cerning this matter, please c	all:		
	503	Name of P	4-RKA5-CO	at (32/) 30 Area Code	3353/ Daytime Telepho	ne Number
Enclos	sed is a cho	eck for the	following amount:			
□ s2	.5.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on 08-05-36/6 Florida document number <u>L160001470</u> 3 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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
Mg	ANTHONY de lear	2621 Hopon landing et	ī y Add
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Note: If	edate, if other than the date of filing: 0/-0/-0/-0/- (optional) ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cross-open date on the Department of State's records.
he record s ord is tiled	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
Dated	7-2-2020 James
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00