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(Danis Adda Nasa)
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COVER LETTER

TO:	Registration Se Division of Cor					
erm i		Productions				
SUBJ	DEC1:	Name of Lim	ited Liability Company			
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ndence concerning this matter	to the following:			
		Matthew Cohen				
Name of Person						
Division of Co SUBJECT: Major Flux The enclosed Articles of Please return all corresponding for further information of Matthew Cohen	Major Flux Productions					
		Firm/Company				
,		2500 presidential Way apt. 203				
						
		West Palm Beach florida 3				
,			City/State and Zip Code			
		Matthew.evan.cohen@gmail.com				
			to be used for future annual report notific	cation)		
For fu	irther information c	oncerning this matter, please c	all:			
Matth	new Cohen		347 5734757 at ()			
	Name o	f Person		Telephone Number		
Enclo	sed is a check for th	ne following amount:				
□ \$2	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

Major Flux Productions			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited 1	Liability Company	were filed on 08/10/2016	and assigned
lorida document number L16000149335	·		
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
sanely Brilliant LLC			
e new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		229 SE 4th Avenue	
Principal office address MUST BE A STREET ADDRESS)		Delray Beach Florida 33483	
	-		
Enter new mailing address, if applicable:		229 SE 4th Avenue	6 0
failing address MAY BE A POST OFFICE	BOX)	Delray Beach Florida 33483	ASS.
	<u></u>		7
If amending the registered agent and			ls, enter the name of the
gistered agent and/or the new registered of	office address her	<u>e</u> :	D 66
Name of New Registered Agent:	Bruce Brenton	• •	
New Registered Office Address:	229 SE 4th Ave	enue	
·		Enter Florida street addre	ss
	Deiray Beach	, FI	lorida <u>33483</u>
		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

Page 1 of 3

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	<u>Address</u>	Type of Action
MGR	Jake Sherman		Add
		280 NW 20th Street	■ Remove
		Boca Raton Florida 33431	Change
MGR	Bruce Bronton Breton	229 SE 4th Avenue	■ Add
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or m	(optional)	5.020
ote: If the date inserted in this block does not meet the applicable statutory filing		
ocument's effective date on the Department of State's records.		
•		
e record specifies a delayed effective date, but not an effective t	time, at 12:01 a.m. on the earl	ier c
The 90th day after the record is filed.	•	
ated		
VId A NA A V A		
Signature of a member or authorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00