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(Re	questor's Name))
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
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DEPARTMENT OF STAN

D. BRUCE OCT 04 2016

COVER LETTER

Division of Cor	porations				
SUBJECT: BU		DUCTIONS LL ited Liability Company	.C		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
•	ndence concerning this matter	_	•		
r lease return an correspo		to the following.			
	Ma	Name of Person	· · ·	-	
•	Buste	d Productions	LLC		
		Firm/Company			
	_1043 C	orly Court		3E 31	í
·	Tallaha	City/State and Zip Code	317		
	MC1043 E-mail address: ((a nettally, Con to be used for future any all report notifications)	ncication)	最初 \$:-
For further information c	oncerning this matter, please ca		····,		•
Name o	f Person	at () Area Code Daytime	e Telephone Number	_	
					•
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy is	Status &	

MAILING ADDRESS:

TO:

Registration Section

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**

Busted Produc	ctionsllc
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on $\frac{9/30/16}{}$ and assigned
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	mited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	である。 一般の一点の一点の一点の一点の一点の一点の一点の一点の一点の一点の一点の一点の一点の
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
•	
	, Florida City Zip Code
New Pagistared Agent's Signature if changing Degister	ad Aganti

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sharon Cramer	1043 Corby Court Tallahassee, FL 32317	
		Tallahassee, FL 32317	Remove
			☐ Change
· 			Add
•	·	· · · · · · · · · · · · · · · · · · ·	☐ Remove
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			Add
	•		□ Remove
			□ Change

ffective date, if ot an effective date is list ote: If the date insocument's effective	d, the date must be s rted in this block o	pecific and can loes not meet	not be prior to da the applicable	ate of filing or mo statutory filing	re than 90 days	ptional) ifter filing.) Pursi this date will n	nant to 605.0207 (3) ot be listed as the
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Filing Fee: \$25.00