

L17000008730

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(Address)

(Address)

(City/State/Zip/Phone #)

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2018 MAR 21 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 22 2018

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FLA 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:

William Kabrick
Name of Person

FLA Productions LLC
Firm/Company

2331 NW 13th St
Address

Gainesville, FL 32609
City/State and Zip Code

flourish.creatives@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Kabrick at (954) 732 4841
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FLA 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 01/11/2017 and assigned
Florida document number L1700000 8730.

This amendment is submitted to amend the following:

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

Flourish Creative Studios 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)

2331 NW 13th St
Gainesville, FL 32609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2331 NW 13th St
Gainesville, FL 32609

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:

Eddie Bender

New Registered Office Address:

705 Queens Rd

Enter Florida street address

Gainesville

City

Florida

32607

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.

Eddie Bender

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	Nathan Jones	3006 SW 23 rd Terr Apt 9	<input type="checkbox"/> Add
		Gainesville, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eddie Bender	705 Queens Road	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative of a member

William Kabrick
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED