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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Ďc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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S. HARRIE

COVER LETTER

TO: Registration Division of C	Section Corporations	. ,	
SUBJECT:	Ra Da Mi Pr Name of Limit	RODUCTIONS, L ted Liability Company	-LC
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	RAMON	A D. MILLE Name of Person	2
	4	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	4021 1	PRINCET ON Address	ST
	FORT + KNC 8 E-mail address: (in	City/Slate and Zip Code SE3 @GMAIL-C o be used for future annual report not	22901 COM ilication)
For further informatio	n concerning this matter, please ca		
RAMON A Nam	D. MILLER se of Person	at (<u>Z-31</u>) <u>E10</u> Area Code Daytin	D-6648 ne Telephone Number
Enclosed is a check fo	or the following amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

n our records.) 2014 13,20 : LLC or the			
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gnation "LLC" or the			
	abbreviati	on "L.L.(C.,
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street address			
, Florida _	7:	Code	
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	Street address	Street address Florida	ur records, enter the name of

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 amendi or remove	ng Authorized Person(s) authorized to m d from our records:	anage, enter the title, name, and ad	dress of each person being ac
MGR = AMBR =	Manager Authorized Member	. NOCHG	
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			Remove
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Note: docum	ive date, if other than the date of filing:	will not b	oe listed a
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Filing Fee: \$25.00