L17000125009

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COVER LETTER

Division of C	orporations		
	PRODUCTION, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CHRISTINA T. QUINTA	NA	
		Name of Person	·
	QUINTANA LAW FIRM		
		Firm/Company	
	145 ALMERIA AVENUE		
		Address	·
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	TQ@QUINTANALAWFII		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
CHRISTINA T. QUIN	TANA	305 446-0300	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHAT A PRODUCTION, LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number 1.17000125009	bility Company were filed on 66/08/2017 and assigned and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here: rds "Limited Liability Company." the designation "LLC" or the abbreviation "L.C." ble:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applical	ble:
(Principal office address MUST RE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA LOPEZ ALVAREZ	6500 SW 99 AVE.	
		MIAMI, FL 33173	■ Remove
			□ Change
MGR	MARIA ALVAREZ	6500 SW 99 AVE.	■ Add
		MIAMI, FL 33173	Remove
			□ Change
			THE Character D
			Change:
			Remove
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			□ Remove
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Effective date, if othe If an effective date is listed, <u>Note:</u> If the date inserte document's effective da	, the date must be specific ed in this block does no	and cannot be prior to da at meet the applicable			
he record specifies The 90th day afte	a delayed effective or the record is file	e date, but not an ed.	effective time, a	t 12:01 a.m. on	the earlier of:
Dated _AUGUS	31	2017	afa m		
	MISIU	f a member or authorized	I representative of a men	alle and	

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Filing Fee: \$25.00