

L17000129499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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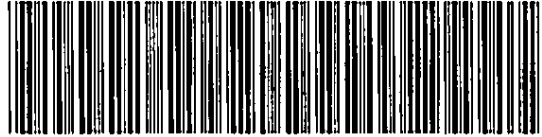
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
AUG 2 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Florida 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:

Joshua A. Woolsey

\_\_\_\_\_  
Name of Person

North Florida Productions, LLC

\_\_\_\_\_  
Firm/Company

~~703 Fort Wacker Road, Suite 105~~ 703 Fort Wacker Road, Suite 105

\_\_\_\_\_  
Address

Ponte Vedra  
~~Jacksonville~~ Florida 32081

\_\_\_\_\_  
City/State and Zip Code

josh@woolseylawfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua A. Woolsey

904 638-4235

\_\_\_\_\_  
Name of Person

at ( )  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

North Florida 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 June 13, 2017 and assigned  
Florida document number L17000129499.

This amendment is submitted to amend the following:

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

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)**

203 Fort Wade Road, Suite 105

Ponte Vedra, Florida 32081

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

203 Fort Wade Road, Suite 105

Ponte Vedra, Florida 32081

**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:

Joshua A. Woolsey

New Registered Office Address:

203 Fort Wade Road, Suite 105

*Enter Florida street address*

Ponte Vedra

*City*

Florida 32081

*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

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	Keith Doherty	4925 Beach Blvd.	<input type="checkbox"/> Add
		Jacksonville, Florida 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James R. Reaves	203 Fort Wade Road, Suite 105	<input checked="" type="checkbox"/> Add
		Ponte Vedra, Florida 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joshua A. Woolsey	203 Fort Wade Road, Suite 105	<input type="checkbox"/> Add
		Ponte Vedra, Florida 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Phil Vogelsang	203 Fort Wade Road, Suite 105	<input type="checkbox"/> Add
		Ponte Vedra, Florida 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Charles Wagener	203 Fort Wade Road, Suite 105	<input checked="" type="checkbox"/> Add
		Ponte Vedra, Florida 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

SECRETARY OF  
ALLIANCE

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RECORDS SECTION  
ALBANY, N.Y.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated July 27

2017

Signature of a member or authorized representative of a member

Joshua A. Woolsey

Typed or printed name of signee