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D. SCOTT OCT 6 2017

COVER LETTER

TO: Registration Se Division of Co			
	ida Productions LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Josh Woolsey		
		Name of Person	
	North Florida Productions	LLC	
		Firm/Company	<u>_</u>
	203 Fort Wade Road, Suit	e 105	
		Address	
	Ponte Vedra, FL 32081		
		City/State and Zip Code	
	josh@woolseymorcom.com		<u> </u>
For further information of	e-man address: oncerning this matter, please c	to be used for future annual report notifiall:	cation)
Josh Woolsey		904 614-7556 at ()	
Name o	l'Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE	
Divisio	ration Section on of Corporations	Registration Section Division of Corpora	
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Florida Productions LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Company value of Organization for this Organization for t	were filed on June 13, 2017	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabil	ity company here:	
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office address here:		iter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	•	2.5
	, Florida	Zip Çode
ew Registered Agent's Signature, if changing Registered Agent:		
		٠٠, ٧٠

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>	Address	Type of Action
MGR	James R. Reaves	203 Fort Wade Road, Suite 105	
		Ponte Vedra, FL 32081	Remove
			☐ Change
MGR	Heather S. Reaves	203 Fort Wade Road, Suite 105	⊒ Add
		Ponte Vedra, FL 32081	🗆 Remove
			☐ Change
			□ Add
			□ Remove
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ective date, if other than the date o	f filing:	(optional)	
	rific and cannot be prior to date of filing or most meet the applicable statutory filing		
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record specifies a delayed effec he 90th day after the record is	tive date, but not an effective ti	me, at 12:01 a.m. on the	earlier
he sour day after the record is	med.		
October 3	2017	:	
ed	—· / ·	177	ì
Signatu	re of a member of authorized representative of	of a member $\frac{7}{24}$ $\frac{t}{2}$	<u> </u>

Page 3 of 3

Filing Fee: \$25.00