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S. WARREN

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
		PRODUCTIONS ELC		
SUBJE	.CI:	Name of Limite	rd Liability Company	
•				
The end	closed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		Alexander S. Orlofsky, Esq.		
			Name of Person	<del></del>
		The Orlofsky Law Firm, P.L.		
			Firm/Company	<del></del>
		767 Arthur Godfrey Road		
			Address	
		Miami Beach, Florida 33140	)	
		alex@orlofskylawfirm.com	City/State and Zip Code	
		E-mail address; (to	be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please call	l:	
Alex C	Orlofsky		305 538-2344	
	Name o	f Person	at ()	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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 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

MALONE PRODUCTIONS LLC.

MALONE PRODUCTIONS LIX			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	n <mark>pany as it now appear</mark> 2d Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa $\frac{1.17000138860}{1.17000138860}$	ny were filed on	ne 26, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	ere:	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the d	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent:	office address on ere:		
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on ere:	n our records, <u>e</u>	nter the name of the no
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	office address on ere: Enter Flor	n our records, <u>e</u>	nter_the_name_of_the_ne
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	office address on ere: Enter Flor	n our records, <u>e</u>	nter_the_name_of_the_ne
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:	office address on tere:  Enter Flor	n our records, <u>e</u>	nter the name of the no

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	Michael Malone	52 NW 45 Street	
		Miami, Florida 33127	
			■ Remove
			☐ Change
MGR	Ronald Michael Maione	52 NW 45 Street	
•		Miann, Florida 33127	
		Miann, Piona 53127	Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
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record	specifies	a delave	rd effectiv	ve date	hut no	it an eff	ective ti	me at '	2· <b>∩1</b> =	m on	the ea	rlier /
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