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(Ře	equestor's Name)	_
(A	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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COVER LETTER .

	gistration Sedision of Cor			
SUBJECT:		ductions, LLC		
Sonject.		Name of Lin	nited Liability Company	
The enclosed	d Articles of z	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jose Martinez		
			Name of Person	
		Anartes Productions, LLC		
			Firm/Company	
		11925 sw 9th lane		
The enclosed Articles Please return all corre			Address	
		Miami, FL 33184		
		10.00	City/State and Zip Code	
		joseandresmz@gmail.com		
			to be used for future annual report	notification)
For further in	nformation co	ncerning this matter, please c	all:	
Jose Martine	Z		786 3974262 at ()	
<u> </u>	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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

Anartes Productions, LLC				
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co		ar	nd assig	ned
Florida document number L17000199005	 '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
AMUISUAS,	46			
The new name must be distinguishable and contain the words "Lifnite	ted Liability Company," the designation "LLC" o	r the abbreviati	on "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)		2018	
		> 5	<u></u>	<u>'</u>
		<u> </u>	32: 	
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	1 ! ———
		<u> </u>	Ü	
		<u></u>	2â	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		enter the na	ame of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		da		
	City	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 Title Name Address **Type of Action** _D Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change _D Add _____ □ Remove _□ Add _□ Remove ____

Change □ Add __ 🗆 Add □ Remove

☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional) nore than 90 days after filing) Pursuant to	605 020
ote: If the date inserted in this block does not meet the applicable statutory filin ocument's effective date on the Department of State's records.	g requirements, this date will not be l	listed a
e record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the ea	rlier
ated $\frac{5}{29}$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00