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## **COVER LETTER**

Division of Corpo	rations		
SUBJECT: Lapel Gecke	o Productions LLC		
SOBJECT.		ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Eric Padilla		
		Name of Person	
	Lapel Gecko Productio		
		Firm/Company	·
	PO Box 292822		
		Address	
	Davie, FL 33329		
		City/State and Zip Code	
_	management@lapelgecko.		
	E-mail address: (to	be used for future annual report notified	ation)
for further information conc	cerning this matter, please cal	II:	
Eric Padilla		at (305 ) 600-069	
Name of Pe	erson	at (305 ) 600-069 Area Code Daytime T	elephone Number
Inclosed is a check for the f	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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Lapel Gecko Productions LLC

(Name of the Limited	Liability	Company	as it now	appears on	our records.)
	Charita	insited in	Jailien Can	200011	

The Articles of Organization for this Limited Liability Company were filed on 11/28/2017 and assigned Florida document number <u>L1</u>7000244199 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 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) 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: Registered Agents Inc. Name of New Registered Agent: 3030 N. Rocky Point Dr. STE 150A New Registered Office Address: Enter Florida street address \_\_\_, Florida 33607 Zip Code Tampa City

## 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>	<u>Address</u>	Type of Action
MGR	Eric Padilla	PO Box 292822	<b>☑</b> Add
			☐ Remove
		Davie, FL 33329	Change
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ective date, if other than the dan effective date is listed, the date must be tet: If the date inserted in this block cument's effective date on the Department's effective date on the Department.	c does not meet th	e applicable statuto	ling or more than 90 days	s after filing.) Pursuan s, this date will not	t to 605.020 be listed a
record specifies a delayed e he 90th day after the recor		but not an effe	ctive time, at 12:	01 a.m. on the	earlier (
<sub>ted</sub> January 5	. 20	018			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee