LIECCOCANS

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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D. SCOTT FEB - 7 2013

COVER LETTER

| TO: Registration Solution of Col | | | |
|----------------------------------|--|--|--|
| SUBJECT: La | | ductions Lo | <u> </u> |
| The enclosed Articles of | `Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | La mora 27 tr | elanero Ma Name of Person Production Firm/Company Others Circ Address | e & |
| | Bookings E-mail address: (| City/State and Zip Code A MORA OF to be used for future annual report noti | 34743 oductions.com |
| For further information of | concerning this matter, please c | all: | |
| | Or A prison | at (32) 900 - Area Code Daytim | e Telephone Number 77 |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Stather Certified Gopy (additional copy is enclosed) |
| MAII | IVC 4 DDDCCC. | ethert/coun | en apporce |

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

The Articles of Organization for this Limited Liability Company were filed on 01/26/2018 and assigned Florida document number <u>L18000024278</u> 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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> **Type of Action** Luis AleJandio Mora 27 troHers circle Add L'issimmee, FL 34743 Remo ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove > ≓_□ Remove ☐ Change □ Add ☐ Remove _□ Change

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| E. Effective date, if other than the date of filing: | フ |
| (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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 (b) The 90th day after the record is filed. | r of: |
| Dated 2/1/2013 | |
| Signature of a member or authorized representative of a member | |
| 11115 MOY a | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00