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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Prone : (323)962-8600 Fax Number : (323)962-3869 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN (Ties)

DOUBLE NINES PRODUCTIONS, LLC

Certificate of Status	0	
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From: Sylvia Paul

COVER LETTER

TO:	Registration : Division of Co			
SUBJEC		E NINES PRODUCTIONS, LLC		
		Name of Lim	ited Liability Company	
The encl	osed Articles c	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	oundence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzooni.com. Inc.		
Firm/Company				
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		alexander.corr@gmail.com		
		E-mail address: ()	o be used for future annual report nour	ication)
For furth	er information	concerning this matter, please ca	ılı:	
Cheyenn	e Moseley		800 773-0888 at ()	
	Name	of Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	0 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

From: Sylvia Paul

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUBLE NINES PRODUCTIONS, LLC			
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability (Florida document number 1.18000038435	Company were filed on 02/12/2018	3	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	ited liability company here:		
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		n "LLC" or the abbre	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
			07)
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our re ress here:		. U]
Name of New Registered Agent:		ان النا بر لير:	
New Registered Office Address:	Enter Florida street	P. P	:01
	TONCE FOR THE OFFICE		
	City	, Florida	Zip Code
New Registered Agent's Signature if changing Degisters	d Agente		

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

To: 18506176380 1 1 1 Page: 5 of 6 2021-02-25 11:05:29 PST LegalZoom.com, Inc. From: Sylvia Pauli

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>	Name	<u>Address</u>	Type of Action
AMBR	Joseph Corr	721 Judson St.	■ Add
		Longmont, CO 80501	
			☐ Remove
		•	☐ Change
			□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
		<u></u>	Remove
			Change
			□ Add
			Remove
			Change
			🗖 Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change

eb 17, 2021 09:55 (UTC-05)	From: WWW.FAX.PLUS (Alex Corr)	To: +13239624521	段 4
D. If amending any other	information, enter change(s) bere: (Attach additional	sheets, if necessary)	
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Note: If the date insert	r than the date of filing: the date must be specific and cannot be prior to date of filing or more to in this block does not meet the applicable statutory filing rec te on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605.02 puisements, this date will not be listed a	07 (3)(b) as the
If the record specifies (b) The 90th day after	a delayed effective date, but not an effective time r the record is filed.	e, at 12:01 a.m. on the earlier	of:
Dated Februar	16th 12021		
	Signature of a member of authorizon representative of a	member	
Alexander €	Corr		
	Typed or printed name of signee		

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