## 118000057935

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D. SCOTT JAN 7 2019

## **COVER LETTER**

Tallahassee, Fl. 32314

TO:

TO: Registration! Division of Co			
SUBJECT:	Ruz Production Name of Lin	s Media LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and feets) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Charles M	1. BRYAH JA	
		uctions Media LLC	
	TI hand	Address  Address  Address  City:State and Zip Code  Co	3305-25/0
	Cm BRy Ant C	City/State and Zip Code  Rb c aol. com  tto be used for future annual report noti	ification)
For further information	concerning this matter, please of		ification)
Ma Hhew S	Dona	a1 (954) 707	7-0830
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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)
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUZ PRODUCTIONS Modia LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ny were filed on March 5, 2018 and assigned
Florida document number <u>L/80000 57935</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A E E
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: WA  New Registered Office Address: WA	20
New Registered Office Address: MA	Enter Florida street address
	, Florida
	, Florida Cuy Zip Code
New Registered Agent's Signature if changing Registered Agen	it:

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
MCR	Jeid Augusto	1601 NE 20+4 Avenu	🗆 Add
		TA Muderdale, El 33305	Remove
s 1	00 4 1/4 00		Change
Dileton	13 Ronda 14hys Brys	1 4361 NE 5-16 Avenue	Add
	•	OAKLAND PAK, Fl. 33334	□ Remove
			□ Change
D'rector	Quintin Richardson	1601 NE 20th Avenue	Add
		Fl LAnderdolog FR 33305	Remove
		4	
	D. C. La.	15 <u>1.</u> 38 .	1 1
Mgn	Robert Castelli	<u> </u>	Add 7
			Remove
			20
٥	A O		Change
Din	Antonio Rodniquez		Add
			Remove
			☐ Change
			☐ Remove
			Change

E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be paior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 parlier of: (b) The 90th day after the record is filed. Dated 12/19/ 2018 ignature of a member or authorized representative of a member Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00