## L 18000065361

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## COVER LETTER

TO:	Registration Section
	Division of Corporations
-	

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LISA ZAHORIAN		
		Name of Person	<del></del>
	TAX & FINANCIAL STR	ATEGISTS LLC	
		Firm/Company	<del></del>
	28089 VANDERBILT DR	#201	
		Address	
	BONITA SPRINGS, FL 3	4134	
	LISA@WONDERTAX.CO	City/State and Zip Code M	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
LISA ZAHORIAN		239 405-8395	
Name o	of Person	at () Area Code Daytime	Telephone Number
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)	☐ \$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

THE ALEA COMPANY, LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our record and Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compa	any were filed on 03/13/2018	and assigned
Florida document number L18000065361		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	Ö
ADRIAN ALEA PRODUCTIONS LLC		9
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		\$ <del>-</del>
Principal office address MUST BE A STREET ADDRESS	2	72
		<del></del>
		20
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		s, enter the name of the
Name of New Registered Agent:		<u>.                                    </u>
New Registered Office Address:	Enter Florida street addres.	
	диет у аниа меет adares.	3
	• • • • • • • • • • • • • • • • • • • •	orida
	City	Zip Code

sew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

n 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>	<u>Name</u>	Address	Type of Action
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			□ Change
			□ Remove
			□ Change
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tive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)
If the date inserted in this block does not meet the applicable statutory facult's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effectiv 90th day after the record is filed.	re time, at 12:01 a.m. on the earlier
JANUARY 2 2019	

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Typed or printed name of signee

Filing Fee: \$25.00