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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration So Division of Cor				
SUBJE		RODUCTIONS LLC			
SOBJE	CI	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	_		
		Alfredo Cabral			
			Name of Person		严约
		Cabral Accountants and A	ssociates		三 居卫
		.	Firm/Company		27
	31 SE 5th Street, Suite 312		FILED W 102 ANG 27 PH 14: 02		
	Address				
		Miami. Florida 33131)2
			City/State and Zip Code		
		ac.cpa@live.com E-mail address: (to be used for future annual report notif	ication)	
For furti	her information of	concerning this matter, please c	·	,	
Alfredo	Cabral Cabral		305 926 - 5724		
	Name (of Person		Telephone Number	
Enclose	d 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)	Certified C	of Status &
		ING ADDRESS: ration Section	STREET/COURI Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT PRODUCTIONS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L18000071353	Company were filed on 03/20/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation L.C."
Enter new principal offices address, if applicable:		E E T
(Principal office address MUST BE A STREET ADD	RESS)	G 27 PM
Enter new mailing address, if applicable:		[0] 1
(Mailing address MAY BE A POST OFFICE BOX)		UA DA
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	City	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marcello Jordan Camello	1000 S POINTE DR	■ Add
		APT. 802	☐ Remove
		MIAMI BEACH, FL 33139	Change
			□ Remove
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing eg. If the date inserted in this block does not meet the applicable statutory to	
ament's effective date on the Department of State's records.	mig requirements, this take will not be list
ecord specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earli
ne 90th day after the record is filed.	
August 2 2018	
ed	
Was for an assurance	a – 5
HEN BOUGGE OU 16706 Co. M. Signature of a member or authorized representation	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00