## 118000082259

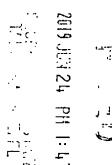
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R. WHITE 130L 0.5 2019

## **COVER LETTER**

то:	Registration Se Division of Cor					
eud III		EXPERIENCE PRODUCTION	NS LLC			
SUBJE		Name of Lim	ited Liability Company			
		Amendment and fee(s) are submodence concerning this matter				
	·	RICARDO MARCH	-			
			Name of Person			
		<u></u>	Firm/Company			
		1619 NW 84 AVE				
		DORAL, FL 33126	Address			
		City/State and Zip Code RM@CENTURION1FOODSERVICES.COM				
		E-mail address: (to be used for future annual report notification)				
For fur	ther information c	oncerning this matter, please ea	all:			
RICAR	RDO MARCH		786 246-5536 at ()			
	Name o	f Person	Area Code Daytime	· Telephone Number		
Enclose	ed is a check for t	he following amount:				
<b>■</b> \$2:	5.00 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)		

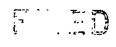
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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



LIVE THE EXPERIENCE PRODUCTIONS LLC

N	tabilla Caman	it now noneas	an our records )	<del></del>
(Name of the Limited L. (A F	Horida Limited I.	liability Company)	on our records.	<b>A1.</b> E -
The Articles of Organization for this Limited Liabil Florida document number L18000082259	lity Company			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	_	lity company her	*a*	
A. If amending hame, enter the new hame of the	e minicu naoi	nty company nei	<u>∼</u> .	
The new name must be distinguishable and contain the words	s "Limited Liabili	ity Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)	<u></u>		
		<del></del>		
Enter new mailing address, if applicable:		····		
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			<del>_</del>
		<del></del>		<u> </u>
B. If amending the registered agent and/or			our records, enter	the name of the ne
registered agent and/or the new registered office	e address here	2:		
Name of New Registered Agent:	<del></del> .			
New Registered Office Address:		<u>-</u>	<u></u>	<del> </del>
		Enter Flori	da street address	
_			, Florida	7: C 1
		City		Zip Code
New Registered Agent's Signature, if changing Regi				
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change.	and complete red agent as p istered office	performance of r provided for in C	ny duties, and I am f hapter 605, F.S. Or,	familiar with and if this document is

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
AMBR	JULIAN LANZILLOTA	425 NE 22ND ST APT 2809	Add
— <del></del>		MIAMI, FL 33137	□ Remove
			☐ Change
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			☐ Change
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	<del></del>	<del></del>	🗆 Change
	<del></del>		Add
			☐ Remove
			☐ Change

Note	ve date, if other than the date of filing:
If the ro (b) Th	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Date	JUNE 12 2019
Date	
	X Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00