

L18000105619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form - 4085

Office Use Only



100329209351

05/13/19--01034--006 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 13 PM 6:53

Name Change

JUN 17 2019



SCOFIELD PRODUCTIONS, LLC

Premier Event Planning

Naples, Florida

May 8, 2019

Florida Department of State / Division of Corporations

Enclosed please find a check for \$52.50 to change the name of my LLC...

from
Wilson Scofield Productions
to
Scofield Productions

All other details and information for my LLC remains the same... I just request the "Wilson" dropped from the name.

I have signed the attached documents as LLC President (Mimi Scofield).

Should you require any further information... or if the attached forms are not sufficient... please contact me. Thank you.

Mimi Scofield
President
Scofield Productions
mimiscofield@rocketmail.com
(239) 963-6464

38 BANYAN ROAD
NAPLES, FL 34108

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN 13 PM 6:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilson Scotfield Productions, LLC

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Mimi Scotfield

Contact Person

Scotfield Productions, LLC

Firm/Company

38 Banyan Road

Address

Naples, FL 34108

City, State and Zip Code

mimiscotfield@rocketmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Mimi Scotfield

at (

239

) 963-6464

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2019

MIMI SCOFIELD
SCOFIELD PRODUCTIONS
38 BANYAN ROAD
NAPLES, FL 34108

SUBJECT: WILSON SCOFIELD PRODUCTIONS LLC
— Ref. Number: L18000105619

We have received your document for WILSON SCOFIELD PRODUCTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 219A00010711

TER:
50-245-6050

RECEIVED

2019 JUN 13 PM 1:00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Wilson Scofield Productions, 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 Company were filed on _____ and assigned
Florida document number 418000105619.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SCOFIELD PRODUCTIONS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A NO ADDRESS CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A NO ADDRESS CHANGE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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.

N/A

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

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 prior 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 earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 11, 2019

Mimi Scofield

Signature of a member or authorized representative of a member

MIMI SCOFIELD

Typed or printed name of signee