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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
		ctions L.L.C.		
SUBJ	IECT:	Name of Lim	ited Liability Company	-
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	endence concerning this matter	to the following:	
		Eileen J. Bernard		
			Name of Person	
		EJB Productions L.L.C		
			Firm/Company	
		2784 Elmhurst Circle		
			Address	
		Orlando, FL 32810		
		ejbprod@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	irther information c	oncerning this matter, please co	all:	
Eileei	n J. Bernard		321 321-439-0360	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Encto:	sed is a check for th	ne following amount:		
□ \$2	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

EJB PODU	Ctions Linded Liability Company as it	now appears on our records.) Company)	
The Articles of Organization for this Limited L L18000150388 Florida document number		led on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	the limited liability co	mpany here:	
The new name must be distinguishable and contain the v	ords "Limited Liability Com	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)		图 5 四
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		PM 22: 00
B. If amending the registered agent and registered agent and/or the new registered o	or registered office a	ddress on our records, <u>ent</u>	er the name of the ne
Name of New Registered Agent:	Eileen J. Bernard		
New Registered Office Address:	2784 Elmhurst Circle		
	Orlando	Enter Florida street address	32810
	Ci	, Florida /y	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
MA	1 A	N A	🗆 Add
			□ Remove
			☐ Change
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			Remayo 2
			Add
			□ Remove
			Change
			Remove

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lfanell <u>Note:</u>	ive date, if other than the date of filing:
	cord 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.
Dated	Signature of a member or authorized representative of a member
	Elleen J. Bernard Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00