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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
		chett Productions LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Nicole Pritchett		
		Phoenix Rose Productions	Name of Person	
		259 Buttonwood Drive	Firm/Company	
		Key Biscayne, FL, 33149	Address	
		nicole.pritchett@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Nicol	e Pritchett		305 297-8534 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	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:

1

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

NICOLE PRITCHETT PRODUCTIONS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on $\frac{1}{1208}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	bility company here:
Phoenix Rose Productions LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	ECRETALIAS T
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
The state of the s	<u></u> '
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
		- In-	Remove
			☐ Change
	 		
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
		·	
			Remove
			□ Change

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	<u> </u>
	
	
	
	November, 11, 2019
(If an et Note:	tive 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	November 11, 2019
Date	21/2-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00