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(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Division of Co	rporations	w	
Satine F	Productions LLC	•	
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian A Patterson		
		Name of Person	 ,
	Satine Productions LLC		
		Firm/Company	
	405 E. Mattie Street		
		Address	
	Sanford Florida 32773		
		City/State and Zip Code	
	Brianpatterson372@gmail.		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Brian Patterson		321 347-1555	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

SATINE PRODUCTIONS LLC		
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
he Articles of Organization for this Limited Liability Company were	filed on and assig	ned
lorida document number L18000185423		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
he new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.6	C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	& 	25°5°
		27
	17	- 독점학 - 급점리
Inter new mailing address, if applicable:		0899 1289
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
3. If amending the registered agent and/or registered office a egistered agent and/or the new registered office address here:	iddress on our records, enter the name of	the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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
AMBR	MICHAEL A. FOSTER	405 MATTIE STREET	
		CAMPARIA PLADRIA 22772	Ddd
		SANFORD FLORIDA 32773	■ Remove
			Change
AMBR	BRIAN A PATTERSON	405 E. MATTIE STREET	■ ∧₫₫
		SANFORD, FLORIDA 32773	
			□ Remove
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(If an c <u>Note:</u>	tive date, if other than the date of filing:	05.020 sted a	97 (3)(b s the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier c	of:
Dated	Soplember, 13, 2018.		
ć	Rignature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00