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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer;	

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Amend

APR 0.6 2020

1 ALBRITTON

COVER LETTER

	ation Sect of Corpo				
JAN SUBJECT:	AISON PE	RODUCTIONS LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed Arti	icles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all c	correspone	lence concerning this matter	to the following:		
		JOHN JAMISON			
			Name of Person		
		JAMISON PRODUCTION	S LLC		
		-	Firm/Company		
		2604 PATTERSON AVE			
			Address		
		KEY WEST, FL 33040			
			City/State and Zip Code		
		E-mail address: (to be used for future annual rep	ort notification)	
For further inform	nation cor	acerning this matter, please ca	ull;		
JOHN JAMISON	4		305 304-5		
	Name of I	Person	at () Area Code	Daytime Telephone Number	
Enclosed is a che	ck for the	following amount:			
■ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified (of Status &
	Address: ration Sc		Street Add Rogistrati	r <u>ess:</u> on Section	
		rporations		of Corporations	
	ox 6327		The Centr	e of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMISON 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 v	vere filed on 10/5/2018	and assigned
Florida document number L18000236577		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LI	.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:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>-</u> -
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	1	Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 605	and I am familiar with and 5, F.S. Or, 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>	Name	<u>Address</u>	Type of Action
AMBR	AMY JAMISON	2604 PATTERSON AVE	= Add
		KEY WEST, FL 33040	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00

Typed or printed name of signee