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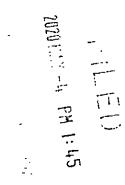
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Tallahassee, FL 32314

	gistration Se vision of Cor			
CUDIECT.	John Garity	Productions LLC		
SORTECT:		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	Ţ.	
		John Garity		
			Name of Person	
		John Garity Productions L	LC	
			Firm/Company	
		4537 Woodlands Village I)r	
			Address	
		Orlando, FL 32835		
			City/State and Zip Code	
		jmgarity@icloud.com		
For further i	nformation c	n-mail address; (oncerning this matter, please c	to be used for future annual report no all:	nneation)
John Garity			407 406-0891	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne 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)
	iling Addres		Street Address:	
	gistration S vision of C	Section forporations	Registration S Division of Co	
	D. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020/1/2 / PH 1:45 John Garity 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 12/17/2018 and assigned Florida document number $\frac{1.18000288497}{2}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Garity Multimedia LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4537 Woodlands Village Dr Enter new principal offices address, if applicable: Orlando, FL 32835 (Principal office address MUST BE A STREET ADDRESS) 4537 Woodlands Village Dr Enter new mailing address, if applicable: Orlando, FL 32835 (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

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
MGR	John Garity	4537 Woodlands Village Dr	□Add
		Orlando, FL 32835	□Remove
			(☑ Change
			□Remove
			☐ Change
			□Add
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(ii an eriecti Note: H	e date, if other tive date is listed, to the date inserted the effective date	the date must be s d in this block o	pecific and ea loes not me	annot be prior et the applic	to date of fifing able statutory	gor more than t	/O days after fi	ling.) Pursuant to	
ne record spord is filed.	specifies a delayo l.	ed effective dat	e, but not ai	i effective ti	me, at 12;01	a.m. on the ea	arlier of: (b)	The 90th day i	ifter the
	muary 6		·	2020	<u> </u>				
Dated									
Dated			John	/ No					
Dated		Sign	ature of a me	mber or auth	prized represen	tative of a men	nber		

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Filing Fee: \$25.00