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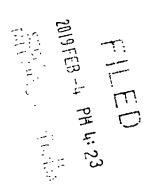
(Re	questor's Name)	
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bA)	dress)	
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PICK-UP	☐ WAIT	MAIL
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Amend

FEB 1 1 2019 I ALBRITTON

COVER LETTER

SUBJECT:		Productions, LLC	
SUBJECT.		Name of Limited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are submitted for filing.	
Please return	all correspoi	ondence concerning this matter to the following:	
		Britten Leslie Britt	
		Name of Person	
		Phelps Dunbar LLP	
		Firm/Company	
		P. O. Box 2727	
		Address	
		Mobile, AL 36602	
		City/State and Zip Code britten.britt@phelps.com	
		E-mail address: (to be used for future annual report notification)	
For further in	nformation co	concerning this matter, please call:	
Britten Britt	t	251 441-8268 at ()	
-	Name of	of Person Area Code Daytime Telephone Number	
inclosed is	a check for th	the following amount:	
3 \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 ARTICLES OF ORGANIZATION OF

mpany has been notified in writing of this change.

	ORGANIZATION OF		
New Life Productions, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	were filed on January 10, 2019 and assigned		
he Articles of Organization for this Limited Liability Company	were filed on January 10, 2019 and assigned		
lorida document number L19000012560			
This amendment is submitted to amend the following:	<i>∠</i> ,		
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi			
nter new principal offices address, if applicable:	7020 Luth Road		
Principal office address MUST BE A STREET ADDRESS)	Molino, FL 32577		
	7030 Ludy Band		
inter new mailing address, if applicable:	7020 Luth Road		
Mailing address MAY BE A POST OFFICE BOX)	Molino, FL 32577		
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 	ffice address on our records, enter the name of the new e:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City Zip Code		

If Changing Registered Agent, Signature of New Registered Agent

sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
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El Communication	Anno 16 nathras Albana	Alexander of Cities			(antional)	
If an effectiv	e date is listed, the date ne date inserted in thi	the date of filing: must be specific and cann s block does not meet (e Department of State)	not be prior to date of the applicable statu	filing or more than 90 d	_ (optionar) ays after filing.) Pursoant tents, this date will not be	o 605.0207 e listed as (
	f specifies a dela th day after the		, but not an eff	ective time, at 1	2:01 a.m. on the ϵ	earlier of
Dated	1-31-8	2019	Post			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00