## L19000012879

(Requestor's Name)	
(Address)	700
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	Ü
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Sect Division of Corpe				
eup iec		RLES PRODUCTIONS			
SUBJEC	,1:	Name of Limi	ted Liability Company		
The encle	osed Articles of A	mendment and fee(s) are sub-	mitted for tiling.		
Please re	turn all correspon	dence concerning this matter	to the following:		
		JORGE BARRANTES			
			Name of Person	-	
		BJ NATIONWIDE SERV	ICES INC		
			Firm/Company		
		30420 S DIXIE HWY			
		Address			
		HOMESTEAD, FL 33030	)		
			City/State and Zip Code		
		azoytax@bellsouth.net			
			to be used for future annual re	eport notification)	
For furth	er information co	ncerning this matter, please ca	all:		
JORGE	BARRANTES			-2232	
	Name of	Person	at () Area Code	Daytime Telephone	Number
Enclosed	l is a check for the	e following amount:			
<b>□ \$</b> 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) (	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address		Street Ad		
	Registration Se Division of Co		_	tion Section of Corporations	
	P.O. Box 6327			tre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILD CHARLES PRODUCTIONS LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01-10-2019	and assigned
Florida document number L19000012879	·	
(Name of the Limited Liability Company as it now appears on our records.)  (A Plorida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 01-10-2019 and assigned Florida document number 119000012879  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation of the limited liability Company. The designation "LLC" or the abbreviation of the 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)  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 Office Address:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the al	obreviation=1,.1C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	PRESS)	
		PH 5.
<b></b>		
(Mailing address MAY BE A POST OFFICE BOX)		
		ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Planta	
<del></del> -	Florida	Zip 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, <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
AMBR	CHARLES WIEAND	815 N HOMESTEAD BLVD STE 227	□Add
		HOMESTEAD, FL 33030	□Remove
			■ Change
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fective date, if other than the d in effective date is listed, the date must b	be specific and cannot be prior to date of	of filing or more than 90 days after filing.) Pursuant to	o 605.020
ote: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicable size	atutory filing requirements, this date will not be	e listed a
content 3 effective date on the 15cp	arthem of State 5 records.		
eant englise a delayed effective	date but not an affactive time of	12:01 a.m. on the earlier of: (b) The 90th day	gffor tha
is filed.	date, out not an effective time, at	12.01 a.m. on the earner of. (b) The 90th day	and the
JUNE 6TH	2020		
(/2 22 -	ignature of a member of authorized or		
July 100			
Success	ignature of a member or authorized re	representative of a member	