L19000034207

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COVER LETTER

	ration Sec In of Corp		•			
	SMILE PF	ODUCTIONS, LLC				
Name of Limited Liability Company						
The enclosed A	rticles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all	l correspon	dence concerning this matter	to the following:			
		BRENDA SIMMONS				
			Name of Person			
		1758 KELSO AVE	Firm/Company	 -		
		LAKE WORTH, FL 334	Address			
			City/State and Zip Code			EV.
		BREE.SIM2013@GMAIL.0 E-mail address: (1	to be used for future annual report notifica	tion)	<u></u>	SIGNA SIGNA
For further info	rniation co	ncerning this matter, please co	all:		به. سد ند	SERVE TARK
BRENDA SIM	MONS		561 283-9548 at ()			Caro
	Name of	Person		elephone Number	9: 20	RATION
Enclosed is a ch	neck for the	following amount:				S)
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fed Certificate of \$t Certified Copy tadditional copy is c	atus &	

MAILING ADDRESS:

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

SMILE 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 FEBRUARY 4, 2019 and assigned Florida document number L19000034207 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 "I 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) 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: Enter Florida street address

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	RENAKO HARMON	6371 PINESTEAD DR. #1332 LAKE WORTH, FL 33463	☐ Add
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		APRIL 26, 201	ŋ	
(If an effective <u>Note:</u> If the	date is listed, the date must be a	specific and cannot be prior to d does not meet the applicable	(optional) late of filing or more than 90 days after filing.) Put estatutory filing requirements, this date will	rsuant to 605.0207 (3)(the not be listed as the
	specifies a delayed eff h day after the record		n effective time, at 12:01 a.m. on	the earlier of:
Dated APR	HL 26	2019		

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Typed or printed name of signee

Filing Fee: \$25.00