## L19000042547

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			`.,		
SUBJECT:	F.O Prod	uctions LLC			
SUBJECT:		nited Liability Company		-	•
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Savann	Name of Person			
		Name of Person		-	
	U.F.O Pro	ductions LLC			
		Firm Company		<del></del>	
	2260	Glady St. Apt	1602		
		Address		 707	ა ე
	Largo	, FL , 33774 City/State and Zip Code		02 18H 120	
		City/State and Zip Code	<del></del>		<u> </u>
	_ UFO tampal	payof gmail. Com			
	E-mail address: (	to be used for future annual report noti	fication)		
For further information con	cerning this matter, please c	all:		교환 <b>c</b>	• •
Savanna	Law	777 . (008	- 9587	—	<del>."</del>
Name of F	erson.	at (727) 608 Area Code Daytim	e Telephone Numb	<del></del>	
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centilio	Filing Fee, cate of Status ed Copy nal copy is enclo	
Mailing Address:		Street Address:			
Registration Se Division of Cor		Registration Sec Division of Cor			
P.O. Box 6327	potutions	The Centre of T			
Tallahassee, FL	. 32314	2415 N. Monro	e Street, Suite	810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U. F. U Production	NS LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900042347</u>	were tiled on 02/12/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Suncoast Media LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	30 = 1
(Principal office address MUST BE A STREET ADDRESS)	P3
Enter new mailing address, if applicable:	EST 2:
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, 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>itle</u>	<u>Name</u>	Address	Type of Acti
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tive date, if other than the date of fili effective date is listed, the date must be specific a	ing:and cannot be prior to d	late of filing or more than	(optional) -90 days after filing	) (.) Pursuant to 605.
If the date inserted in this block does no ment's effective date on the Department of	it meet the applicable			
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ord specifies a delayed effective date, but n	not an effective time.	at 12:01 a.m. on the c	earlier of: (b) Tl	ne 90th day after
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, May 17th	2021	. /		
	., <u>2021</u>	$\mathcal{A}$		
200		ed representative of a me		

Filing Fee: \$25.00

Typed or printed name of signee