## 1190000 86691

(Requestor's Name)
(Äddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500327224935

04/09/19--01017--034 \*\*25.00

WATCH THE TOTAL TO

APR 18 0009 T. LEIMEUX

## **COVER LETTER**

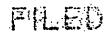
TO:	Registration Se Division of Cor			
CHEL		IA PRODUCTIONS, LLC		
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  KENDAL LUDDEN				
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		KENDAL LUDDEN		
			Name of Person	·
		BETTER TAX & ACCOU	NTING LLC	
			Firm/Company	<u> </u>
		103 BRIGHTON AVE., ST		
		·	Address	<del></del>
		LONG BRANCH, NJ 0774	10	
		cindivazz@tds.net	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	di:	
KENI	DAL LUDDEN		732 354-8372	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>□</b> \$2	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)

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**



257 APR -9 P Ht 43

VRR MEDIA PRODUCTIONS, LLC	3,000	<b>以转移在1月上台通过</b> 。
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our resorted Limited Liability Company)	MITASSEE, HEISTER &
he Articles of Organization for this Limited Liabilit	y Company were filed on 03/28/2019	and assigned
lorida document number L19000086691	,	
his amendment is submitted to amend the following		
. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	***************************************	· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or re egistered agent and/or the new registered office a		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	es
	, Fi	
	City	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, 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> VIVIAN GASPAR	Address 275 ROUTE 10 EAST	Type of Action
MGR		SUCCASUNNA, NJ 07876	D Add
	(correction of Name Spelling)		□ Remove
			☐ Change
-			
			□ Remove
		· . <u>-</u>	☐ Change
			□ Add
			☐ Remove
			Change
		-	
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change.

			(-(2)	additional sheets,	y necessary.y	
				<del></del>		<del></del>
-						
	<del></del>					
						_
		<del></del>	<del> </del>			
		<del> </del>				
If an effective d Note: If the o	ate is listed, the date m late inserted in this	ne date of filing: nust be specific and cann block does not meet to Department of State	iot be prior to date of fi the applicable statuti	ling or more than 90 da	(optional)  ays after filing.) Pursuant to  ants, this date will not be	605.0207 ( listed as t
	pecifies a delay day after the re		, but not an effe	ctive time, at 12	2: <b>01</b> a.m. on the ea	rlier of
Dated 3 APR	IL A	<u></u>	)19/			
	/ / ~	$H \cap I$	/ ,			
	1 Innh	(/ia) []	Rentin			

Page 3 of 3

Typed or printed name of signee