L19000108167

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
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C. GOLDEN
JUN 1 0 2019

COVER LETTER

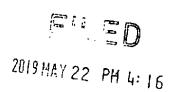
	Registration Sec Division of Corp			
emp me		tinded Productions, LLC		
SUBJEC	.I;	Name of Limi	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter (to the following:	
		Kelly Kresel		
		·	Name of Person	
		Sovereign Minded Product	ions, LLC	
			Firm/Company	
		300 4th Ave S. #336		
			Address	
		St. Petersburg, FL 33701		
		kellykresel@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ec	all:	
Kelly Ki	resel		727 8(44-5662 at ()	
	Name o	l Person	Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	re following amount:		
□ \$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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sovereign Minded Productions, LLC		
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	rds.)
he Articles of Organization for this Limited Liability	y Company were filed on 4/22/19	and assigned
orida document number 1.19000108167	·	
nis amendment is submitted to amend the following	:	
. If amending name, enter the new name of the l	imited liability company here:	
te new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	•	
. If amending the registered agent and/or re egistered agent and/or the new registered office a		ds, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	(CA)
<u></u>	, 1	Florida
	City	*** (1 1

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	Ryan Baker	300 4th Ave S #336	
		St. Petersburg, FL 33701	
		St. Petersburg, Pt. 55701	■ Remove
			B 1001000
			Change
			Add
			Remove
			□ Change
			□ Add
			Remove
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			□ Remove
			☐ Change

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<u>Note:</u> 1:	e date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 0th day after the record is filed.
	4/30 2019
Dated _	· <u>20</u> .
Dated _	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00