L19000155519

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	me)
(Do	ocument Number)	
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COVER LETTER

Divis	ion of Cor	porations	•	•	ŕ
C SUBJECT: _	Curated 4 W	omen, LLC			
obsect		Name of Lim	ited Liability Company		
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.		
		ndence concerning this matter			
		Robert Woodring			
		Dona Sua	Name of Person	o.	
		Prome Eye	Production:).	
		1545 Euclid Ave 5C			
			Address		
		Miami Beach, FL 33139			
		woodring@me.com	City/State and Zip Code		
or further info	ormation co	E-mail address: (oncerning this matter, please c	to be used for future annual reall:	eport notification)	
Robert Woodri	ing			1895	
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a c	theck for th	e following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is ench		\$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed
Maili	ng Address	<u>»:</u>	Street Ado	dress:	

TO:

Registration Section?

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Curated 4 Women, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	ited Liability Company)	,
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000155519</u> .	pany were filed on June 12, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Drone Eye Productions, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
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)		
<u> </u>		
B. If amending the registered agent and/or registered off	fice address on our records, <u>enter t</u>	he 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	
	, Flor	rida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>	,
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F	l I am familiar wi h-ànd S. Or, if this document is
		2.7

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
MGR/AM	June Michelle Papps	1545 Euclid Ave 5C, Miami Beach, FL 33139	□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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(If an effe	ve date, if other than the date of filing:
he record ord is tile	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	8-17-23 D/A/
	1/X / 1 / 1 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2
	Signature de a number or authorized representative of a member