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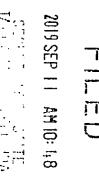
(Requestor's Name)
(Address)
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(Document Number)
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SEP 2 4 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT. M	KPRODUCT	TION LLC	
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	-	,	
	MARITA	KOMAROVA	
		Name of Person	
		Firm/Company	
	825 (Euclid are	apt 6
		Address	
	MIAM	i Beach FL	33139
		City/State and Zip Code	
Firm/Company \$\int \frac{\text{SLECLicol}}{\text{Address}} \text{ ave apt 6}{\text{Address}} \\ \text{MiAMI Beach FL 33134}{\text{City/State and Zip Code}} \\ \text{MARYKOMA POVAPHOTOGRA PHYOGY BE-mail address: (to be used for future annual report notification)} \text{For further information concerning this matter, please call:} \text{MARIIA LOMAROVA} & \text{at \left(\frac{30\L}{Area Code} \text{Daytime Telephone Number}} \\ \text{Enclosed is a check for the following amount:} \\ \text{S25.00 Filing Fee} & \$\subseteq \subseteq \	PHYOGMALL, COM		
Con Constant in Constant of			milion) — V
		4	
MARIIA	COMAROVA		
Name o	f Person	Area Code Daytime	Telephone Number
	ne following amount:		
▼ \$25.00 Filing Fee			☐ \$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

MK PRODUCTION

(Name of the Limited Liab (A Flori	ida Limited Li	y as it now appe ability Company	ars on our records.	,	
The Articles of Organization for this Limited Liability Florida document number	Company v	vere filed on _	07/18/	2019 and a	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liabil	ity company	<u>nere</u> :		
MEPRODUCTIO	ON.	HC			
The new name must be distinguishable and contain the words "L	imited Liabilit	y Company," the	designation "LLC"	or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	<u>DRESS)</u>	825 MiA	Cueleo Mi Ber 33139	ACK FO	<u>6</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				19 SEP 11	<u> </u>
				- 3	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered off ddress here:	ice address (on our records,	enter the name	s of the nev
Name of New Registered Agent:	MAR	ZIA-	KOMAR d ave	eova	
New Registered Office Address:		Enter F	orida street address		
	1717	City	each. Flor	rida Zip Coa	<u> </u>
Now Posistored Agent's Signature if changing Degiste	red Agent:				

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
1MBR	MARIIA KOMAROVA	4 925 Euclid aue apt 6, MIAMI BLAG FL 33139	Add
		FL 33139	Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			□ Add
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			Remove
			□ Change

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	Water -				
				<u>-</u> -	
					
	date, if other than the date of ve date is listed, the date must be speci		date of filing or more tha	(optional)	nt to 605.020
Note: If	the date inserted in this block does	s not meet the applicabl			
documen	's effective date on the Departmen	nt of state's fecords.			
the recor	d specifies a delayed effect	tive date, but not a	an effective time.	at 12:01 a.m. on the	earlier c
	Oth day after the record is t		,		
	00/1/1010	4			
Dated	09/3/2019	,			
	,	/if -			
			red representative of a m		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00