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(Document Number)
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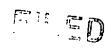
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C. GOLDEN AUG 2 3 2019

COVER LETTER : ~

TO: Registration Section Division of Corporations	en e
SUBJECT: Pagan PROCE	lux tions LLC.
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Tar Pagar	nya Pagan Name of Person Productions LLC Firm/Company
26D N	Industrial Drive Unit 7409
()Land	City/State and Zip Code
E-mail address: (productions IC D grail, Cot to be used for future annual report notification)
For further information concerning this matter, please ca	all:
Tanya Pagan Name of Person	at (40) 745 9383 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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



Or	2010
Pagan Prod	etions LLC 2019 AUG 14 AH 10: 20
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
($\neg loolio$
The Articles of Organization for this Limited Liability Company w	ere filed on and assigned
Florida document number	, ,
This amendment is submitted to amend the following:	
•	
A. If amending name, enter the new name of the limited liability	ty company here:
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)	
maning undress MAT BE A FOST OF FICE BOA	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
registered agent andor the new registered office address fiere.	\
Name of New Designand Assess	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida de reet address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	\
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of e	each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Tanya Pagan	PO BOX 740911	Add
	•	Olarge CtyFC	32774 Remove
			Change
		-	Add
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ective date if other than the date of filing		(ontional)	
ective date, if other than the date of filing:	or to date of filing or more than	1 90 days after filing.) Pursua	nt to 605.02
te: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records		rements, this date will not	be listed
record specifies a delayed effective date, but no	ot an effective time,	at 12:01 a.m. on the	earlier
he 90th day after the record is filed.			
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4 0.4010C	norized representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00