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SUPERARY OF STATE

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## **COVER LETTER**

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elidiezer.	BIA EVEN			
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		KADENE CHAMBERS		
			Name of Person	
		BIA EVENTZ, LLC		
			Firm/Company	
		2421 NW 43RD TERRACE		
			Address	-
		LAUDERHILL, FL 33313		
			City/State and Zip Code	
		me@kadenechambers.com	o be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please ea		ancunon,
	HAMBERS	-	754 214-6685 at ()Daytii	
	Name of	Person	Area Code Daytii	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 H	Filing Fee	S30.00 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)
	iling Addres gistration S		Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	orporations
).'1	D. Box 632	1	The Centre of	i arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIA EVENTZ, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/08/2019	and assigned
Florida document number 1.19000243394		ينين .
This amendment is submitted to amend the following:		NAME OF 19
A. If amending name, enter the new name of the limited liab	ility company here:	
BIA PRODUCTIONS, LLC		المعاربين
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "Fac.C."
Enter new principal offices address, if applicable:	2598 E SUNRISE BLVD	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	SUITE 2104	9
	FORT LAUDERDALE, FL 3330	4
Enter new mailing address, if applicable:	2598 E SUNRISE BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 2104	
	FORT LAUDERDALE, FL 3330	4
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the	e name of the new registered
	, Flori	da
	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 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
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			□Remove
			☐ Change
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	10/10/2010			
	date of filing: 12/18/2019		(optional)	(05.0303
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Filing Fee: \$25.00