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To:

Division of Corporations

Fax Number : (859)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address	:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIZANARI KAE PRODUCTIONS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

NOV () , 2020

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mizanari Kae Productions l	LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	rcords.)
The Articles of Organization for this Limited Liability Company		were filed on 10/21/201	and assigned
Florida document number <u>L19000263703</u>	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		7901 4th St N	
(Principal office address MUST BE A STREET ADDRESS		STE 300	· · · · · · · · · · · · · · · · · · ·
A THE GIRE WHITES HOST DE IT STANDS INDIVIDUAL		St. Petersburg FL 3	33702
		,	
Enter new mailing address, if applicable:		7901 4th St N	
(Mailing address MAY BE A POST OFFICE	BOX)	STE 300	
		St. Petersburg FL 3	33702 🔀 🕏
B. If amending the registered agent and	lan manietanad a	Mrs address on our re	cords enter the name of the n
registered agent and/or the new registered o	ffice address her	e:	$\sim \sim $
N. D. Sand Arama	Registere	d Agents Inc.	
Name of New Registered Agent:		· <u>-</u> ,	on =
New Registered Office Address:	/901 4th	St N STE 300 Enter Florida street	
	St. Peters		
	St. Feters	Cire	Florida 33702 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BLAKE O. THOMAS	7901 4th Street N	
		STE 300	☐ Remove
		St. Petersburg, FL 33702	☑ Change
			Add
			Remove
			_ Change
			Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗖 Add
			□ Remove
			Change
	·		
			□ Remove
			🗆 Change

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effective date is listed, th	than the date of filing: e date must be specific and er in this block does not med on the Department of Sta	innot be prior to date of f at the applicable statut	ling or more than 90 day	(optional) s after filing.) Pursuant to 605.0 s, this date will not be listed
record specifies a he 90th day after	delayed effective dat the record is filed.	te, but not an effe	ective time, at 12:	:01 a.m. on the earlie
ed 11/03	·	2020		

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