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NALLAHASSEE, FLORIDA

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## CORPORATE ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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#### **COVER LETTER**

	gistration Sec ision of Corp						
SUBJECT:	Ruby Foos T	heatricals LLC					
Control of the contro		Name of Limi	ited Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.				
		dence concerning this matter	-				
		Ross H. Manella					
			Name of Person				
		Ross H Manella P.A.					
			Firm/Company	<del></del>			
		411 N New river Dr E #290	04				
			Address				
		Ft Laud Fl 33301					
		City/State and Zip Code					
		rmanella@bellsouth.net					
		E-mail address: (t	to be used for future annual report notifi-	cation)			
For further in	nformation co	ncerning this matter, please ca	all;				
Ross Manell	a		954 2531026 at ( )				
	Name of	Person		Telephone Number			
Enclosed is a	check for the	following amount:					
<b>■ \$25.00</b> F	Filing Fee	☐ \$30.00 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)			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ruby Foos Theatricals LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 12/19/2019	and assigned
Torida document number 1.20000001784	<u></u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
Mira Road Productions, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Succession officer address if applicables		2021
nter new principal offices address, if applicable:		<del>- 2</del> 3
<u>Principal office address MUST BE A STREET ADL</u>	ORESS)	<u></u>
		= :
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· 5
Tuning quaress may be a rost of fice boar		<del></del>
	<del></del>	
. If amending the registered agent and/or register gent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enter rioriaa sireet aaaress	
	, Florid	
	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 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
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lectr	ve date, if other than the date of filing:
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	ent's effective date on the Department of State's records.
ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after
is file	
ted S	September 23 2021
	11.
	Signature of a member or authorized representative of a member

ATTORNEY & MUTHORIZED TEPRESENTATIVE
Typed or printed name of signee