

6/14/2021

Division of Corporations

**L20000020373**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC  
Account Number : I20080000071  
Phone : (561)910-5700  
Fax Number : (561)910-5701

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

Email Address: justin.savioli@katzbaskies.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GOLD DIGGER PRODUCTIONS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Gold Digger Productions LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Savioli

\_\_\_\_\_  
Name of Person

Katz Baskies & Wolf PLLC

\_\_\_\_\_  
Firm/Company

3020 North Military Trail Suite 100

\_\_\_\_\_  
Address

Boca Raton, FL 33431

\_\_\_\_\_  
City/State and Zip Code

justin.savioli@katzbaskies.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**FILED**  
**2021 JUN 14 PM 3:22**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Justin Savioli

561 910-5700  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Gold Digger Productions LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/24/2020 and assigned  
Florida document number L20000020373.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability 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)**

21 Davies Street, Penthouse B

London, W1K 3DE

United Kingdom

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

PO Box 720088

Miami, FL 33172

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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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>      | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|------------------|------------------------------|--------------------------------------------|
| MGR          | Silas Nary       | 50 Summer Street             | <input type="checkbox"/> Add               |
|              |                  | Manchester, MA 01944         | <input checked="" type="checkbox"/> Remove |
|              |                  |                              | <input type="checkbox"/> Change            |
| MGR          | Amy Louise Broch | 21 Davies Street Penthouse B | <input type="checkbox"/> Add               |
|              |                  | London W1K 3DE               | <input type="checkbox"/> Remove            |
|              |                  | United Kingdom               | <input checked="" type="checkbox"/> Change |
| MGR          | Ava Degori       | PO Box 720088                | <input checked="" type="checkbox"/> Add    |
|              |                  | Miami, FL 33172              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |
|              |                  |                              | <input type="checkbox"/> Add               |
|              |                  |                              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |
|              |                  |                              | <input type="checkbox"/> Add               |
|              |                  |                              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |
|              |                  |                              | <input type="checkbox"/> Add               |
|              |                  |                              | <input type="checkbox"/> Remove            |
|              |                  |                              | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 14 2021

  
Signature of a member or authorized representative of a member-

Justin M. Savioli, Authorized Representative

Typed or printed name of signee

**Filing Fee: \$25.00**

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