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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)962-3889

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

Email Address:\_\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALPHA VEGA PRODUCTION LLC

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## **COVER LETTER**

	gistration Sect ision of Corpo			
ilin tror.	ALPHA VEC	GA PRODUCTION LLC		
SUBJECT:		Name of Limite	ed Liability Company	
		mendment and fee(s) are subm		
		Cheyenne Moseley	•	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		一方芸
		tcostanza25@gmail.com	City/State and Zip Code	
		<b>-</b> -	o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please or	ill:	
Cheyenne	Moscley		800 773-0888	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<b>56</b> 4 8 7 7	INC ADDDESS.	STDEFT/COID)	IFR ADDUFCC.

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

(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  Florida document number L20000039724	were filed on 02/03/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Alpha Vega Productions LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8913 Lakeshore Point Dr.
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, Florida 34787
Enter new mailing address, if applicable:	8913 Lakeshore Point Dr.
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, Florida 34787
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Ciry Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

ALPHA VEGA PRODUCTION LLC

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

\_\_ C Remove

☐ Change

If amending Authorized Person(s) authorized to manage,	enter the title,	name, and a	ddress of each person	being added
or removed from <u>our records</u> :				

MGR = Manager AMBR = Authorized Member			
Title	Name	Address	Type of Action
AMBR	Thomas R Costanza		
			□ Remove
		8913 Lakeshore Point Dr. Winter Garden, Florida 34787	☐ Change
			□ ∧dd
			□ Remove
			☐ Change
			D Add
			□ Remove
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Note	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier o $90$ th day after the record is filed.
Dated .	9/9/ 2020
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00