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COVER LETTER

TO:	Registration S Division of Co				
CHD IE		etions, LLC			
SUBJEC	↓1: <u> </u>	Name of Lim	ited Liability Company		_
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		Robin Switzer			
			Name of Person		
		Q1 Productions, LLC			
		- · · · · · · · · · · · · · · · · · · ·	Firm/Company	<u> </u>	
		740 4th Street North, Ste 1	87		
			Address		
		St. Petersburg, FL 33701			
		robin.switzer@q1production	City/State and Zip Code	_	_
		E-mail address: (to be used for future annual re	eport notification)	<u> </u>
For furth	ner information	concerning this matter, please co	all:		
Robin S	witzer			5998	
	Name	of Person	at () Area Code	Daytime Telephone Num	ber
Enclosed	i is a check for	the following amount:			
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif (sed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Mailing Addre		Street Add		
	Registration Division of 0	Section Corporations	•	tion Section of Corporations	
	P.O. Box 63			tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

- ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

QL Productions, LLC

company has been notified in writing of this change.

Q1 Productions, LLC	257(111-20 517-59		
(Name of the Limited Liability Comp. (A Florida Limited	Dany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{CP }575\text{G}}{}$.	y were filed on 02/19/2020 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	740 4th St. North		
(Principal office address MUST BE A STREET ADDRESS)	Stc #187		
	St. Petersburg FL 33701		
Enter new mailing address, if applicable:	740 4th St. North		
(Mailing address MAY BE A POST OFFICE BOX)	Ste #187		
Minutes MAT BE AT OST OFFICE BOX	St. Petersburg, FL 33701		
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, <u>enter the name of the new registe</u>		
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	– gree to act in this capacity. I further agree to comply with t		

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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	Name	Address 2.10 M. 20 M. 7: 59	Type of Action
			□Add
			Remove
		 	□Change
			□Add
			□Remove
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	<u></u>			
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	lock does not meet the app	olicable statutory fi	(option r more than 90 days after fil ling requirements, this d	al) ing.) Pursuant to 605.0207 (3) ate will not be listed as the
f the record specifies a delayed effective cord is filed.	ve date, but not an effectiv	e time, at 12:01 a.i	m. on the earlier of: (b)	The 90th day after the
Dated August 13 Rollin Surts	2020			
0 . 0				

Typed or printed name of signee