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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT:	DEPTHE	FOUS PRODUCTIONS, ited Liability Company	ИС
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JON	R. Roberts	
	DE.	Priteous ProducTE	TWS, LLC
		2 PALADESE LANE	Comare Commission
	CLEA	City/State and Zip Code	7 PH 3
For further information c	E-mail address: (concerning this matter, please concerning this matter)	NUS PLODICTEONS & C to be used for future annual report not all:	GINATI . Com ?
JON R.	ROBERTS Of Person	at (<u>727</u>) <u>452</u> Area Code Daytin	-2880
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
区 \$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		Street Address:	ertion
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AERTAL REAPERS, L (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	TONG LLC
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7.00
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	AS TO IT
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
	,
Name of New Registered Agent:	
New Registered Office Address:	
	Emor Florida street address
	Florida
Name Daniela and America Circulators of the second Daniela Dan	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
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Tective date, if other than the date of filing:		(option	al)	
in effective date is listed, the date must be specific and cannot be price	to date of filing or more	than 90 days after fi	ling.) Pu	rsuant to 605,0
ote: If the date inserted in this block does not meet the applicance of the date inserted in the Department of State's records.		quitements, uns c	iate Wii	i noi oc usiec
record specifies a delayed effective date, but not an effective til	me, at 12:01 a.m. on t	he earlier of: (b)	The 90	ith day after t
is filed.				
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ated 12/1/2020 . Signature of a member or author	orized representative of a	ı member		