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COVER LETTER

Registration Section Division of Corporations

TO:

DEVIL HO	RNS PRODUCTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KATELYN M. HATLEY		
		Name of Person	
		Firm/Company	
	76 4TH ST., NORTH, #39		
	SAINT PETERSBURG, F	Address L 33701	
	KATELYNHATLEY@OU	City/State and Zip Code TLOOK.COM	
	E-mail address: (to be used for future annual report not	ification)
for further information e	oncerning this matter, please c	all:	
KATELYN M. HATLEY		727 641-8894 at () Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of 5	•
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVIL HORNS PRODUCTIONS LLC			
(Name of the Limited Lia (A Flo	oility Company as it now apperida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Ilorida document number L20000084075	v Company were filed on	3/17/20	_ and assigned
his amendment is submitted to amend the following	:		
. If amending name, enter the new name of the l	imited liability company	<u>here</u> :	
te new name must be distinguishable and contain the words "l	imited Liability Company," the	e designation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:	76 4TH ST., 1	NORTH, #390	2020
Principal office address MUST BE A STREET AD	DRESS) SAINT PETE	ERSBURG, FL 33701	<u> </u>
Inter new mailing address, if applicable:	76 4TH ST., 1	NORTH, #390	- P
Mailing address MAY BE A POST OFFICE BOX	SAINT PETE	ERSBURG, FL 33701	; ;
3. If amending the registered agent and/or registe gent and/or the new registered office address her Name of New Registered Agent:	ered office address on our <u>e</u> :	r records, <u>enter the name o</u>	f the new regist
76	4TH ST., NORTH, #390		
New Registered Office Address: 76	Enter Florida street address		
SA	INT PETERSBURG	, Florida <u>3370</u> 1	I
	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 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>	Type of Action
MGR	BRENT L. HATLEY	76 4TH ST., NORTH, #390	□Add
		SAINT PETERSBURG, FL 33701	□ Remove
MGR	KATELYN M. HATLEY	76 4TH ST., NORTH #390	QAdd
		SAINT PETERSBURG, FL 33701	QAdd
			Ghange 1
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			Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 ote: If the date inserted in this block does not meet the applicable statutory filing require ocument's effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 60 ments, this date will not be lis	05.0207 (sted as (
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eat is filed.		er the
ated OVEMDET 11. 2020. Agnavate of a member or authorized representative of a mem	sher	
rignature of a member of authorized representative of a mem	n.z.,	
Katelyn Hatley Tryped or printed name of signee		

Filing Fee: \$25.00