## 120000099262

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(City/State/Zip/Phone #)	
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(Document Number)	
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2/11/21

## **COVER LETTER**

TO:

TO: Registration Division of	on Section Corporations	
	OOGG PRODUCTIONS, LLC	
SUBJECT:	Name of L	imited Liability Company
The enclosed Article	es of Amendment and fee(s) are so	ubmitted for filing.
Please return all corr	respondence concerning this matte	er to the following:
	TIM BAKER	
	<del></del>	Name of Person
	BLINDOGG PRODUC	TIONS
	· · · · · · · · · · · · · · · · · · ·	Firm/Company
	10 AUDUBON WAY	
		Address
	FLAGLER BEACH, FL	32136
	<del></del>	City/State and Zip Code
	BLINDOOGBOOKS@G	
For further informati	te-mail address ion concerning this matter, please	: (to be used for future annual report notification) call:
TIMOTHY J. BAK	ER	at ( ) 627 - 3359
Na	ime of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$25,00 Filing Fe	ee 330.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ac</u> Registrati	Idress: ion Section	Street Address: Registration Section
	of Corporations	Division of Corporations
P.O. Box		The Centre of Tallahassee
t allahass	ee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BLINDOGG PRODUCTIONS, LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	04/08/2020 and assigned
Florida document number 1.20000099262	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L.L.C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	202
<del></del>	
Enter new mailing address, if applicable:	3 5 7
• •	
	Ñ
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter FO	lorida street address
City	, Florida Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addernor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	STEPHANIE J. MAZZEO	216 N. 5TH ST	
		FLAGLER BEACH, FL 32136	□ Remove
			□ Change
MGR	JEREMY M. BAKER	8 HILLVIEW DRIVE	□Add
		N. PROVIDENCE, RI 02904	■Remove
			□Change
			2021 BAN
			□ R€move
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If an eff Note:	ive date, if other than the fective date is listed, the date in If the date inserted in this linent's effective date on the	ust be specific a block does not	and cannot be pr t meet the app	licable statut	ling or more than	(option 90 days after firements, this o	ling.) Pursu	ant to 60 ot be lis
	d specifies a delayed effect	ve date, but n	iot an effective	e tíme, at 12:	01 a,m, on the	earlier of: (b)	The 90th	day afi
rd is fi	DECEMBER 28		2020	B	R			
ne recor ord is fi. Dated	DECEMBER 28	Simmer	3	D	A sentative of a mo	wilhou.		

Filing Fee: \$25.00