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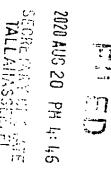
(Requestor's Name)	
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(Business Entity Name)	
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(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: (100) e Midd Productions Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Firm/Company	
3830 SW 9th Ct	
Fort Lauderdale, FL 33312 City/State and Zip Codd	
Travis Pierre an Jahon Com E-mail address: (to be used for future annual report notification)	2020 AUG 20
For further information concerning this matter, please call:	106
Name of Person at (954) Area Code Daytime Telephone Number [7]	20 PH 4: 46
Enclosed is a check for the following amount:	-
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	tus &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

<u>Creole Kidd</u> Y	roductions	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2000013662.8}{}$.	were filed on $8-12-2070$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3830 SW 9th Ct Fort Laudendale, FL 33312	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	3930 SW 9th Ct Fort Lauderdale, FL 33312	
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	2020 TAL	<u>d</u>
Name of New Registered Agent:	AUG 20	
New Registered Office Address:		
	Enter Florida street address Florida	
	City Zip Code	
Jaw Dogistared Agent's Cignotum if sharely Designed A		

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>	Address	Type of Action
MGR	Travis Pierre	3830 SW 9th (+ F+ Lauderda)	e II Add
			□Remove
			□Change
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f amending any other information, enter change(s) here:			
			
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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 tote: If the date inserted in this block does not meet the applicat ocument's effective date on the Department of State's records.	o date of filing or more than		
record specifies a delayed effective date, but not an effective tim l is filed.	ne, at 12:01 a.m. on the c	arlier of: (b) The 90t	h day after the
ated August 12 2020, Signature of a member or author			
Therea/			
Signature of a member or author VaviS Typed or printed	rized representative of a men	mber	