To



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To:

.....

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	MEDEIROS SOUZA CORP
Account Number	:	12019000068
Phone	;	(407)326-8484
Fax Number	:	(407)604-6519

Enter the email address for this business entity to be used for future Bannual report mailings. Enter only one email address please.

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Page.	4 of 7 2022-	-08-31 22:10.36 GMT	14076046519	From: RUBEM SOUZA
		COVER LETT	ER	
TO: Registration 5 Division of Co				4
	A SUNSHINE HOME IMPRO	VEMENT LLC		
SUBJECT:	Name of Li	mited Liability Company	<u></u>	
	of Amendment and fee(s) are su condence concerning this matte			
	Rubem Souza			
		Name of Person		
	Medeiros Souza corp			
		Firm/Company		
	845 N GARLAND AVE	STE 100		
	<u></u>	Address		
	ORLANDO, FL 32801			
		City/State and Zip Co	de	
	contact@inedeirossouza.c	om : (to be used for future ann	al report notification)	
For further information	concerning this matter, please	call:		
Rubern Souza			326 - 8484	
Name	of Person	at () Area Code	Daytime Felephone Number	
Enclosed is a check for	the following amount:			
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fo Certified Copy cadditional copy is	enclosed) Certificat	e of Status &
<u>MailingAddr</u> Registration Division of		Regis	Address: stration Section ion of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

To:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SUNSHINE HOME IMPROVEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____05/28/2020 ______ and assigned

Florida document number _____1.20000145994

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JL Production & Entertainment LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	Medeiros' Souz	а Согр		022 \$
New Registered Office Address:	845 N Garland Ave S	TE 100		μ μ
		Enter Florida street address		- =
	Orlande	Florids)	
	(Ξίψ.		
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 Changing Registered Agent, Signature of New Registered Agent

Page	6 of 7	
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14076046519

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗌 Remove
			□Change
			🗆 Add
			Change
		<u></u>	🗋 Add
			🗆 Change
			🗆 🖂 🖂 🖓
			🗋 Change
			□ Add
			□Change
			Dadd
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a m on the earlier of: (h) The 90th day after the record is filed

Orla Dated	ando	08/31/2022	
		Signature of a member or authorized representative of a member	
	Rubem Souza		
		Typed or printed name of signce	