L20000205657

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NOTTION,
AUSLICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: None 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:

Dylan Nine Name of Person NineX Productions LLC Firm/Company 5230 NE 2nd ct. apt. #4 Address Miami, FL 33137 Nineexpressions@gmail.com

For further information concerning this matter, please call: 6030610 Dylan Nine 561 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

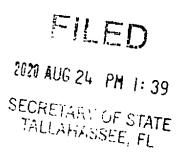
Mailing Address:

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**



NineX Productions

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

(A Fibrida Emined	i Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L2000205657	y were filed on 7/15/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
NineX Productions LLC	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
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, enter the name of the new regist
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>

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

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
			□ Add
			□Remove
			□Change
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Effective date, if other than the date of f	iling:	. 880	(optional)	
Note: If the date inserted in this block does in	not meet the applicable	statutory filing require	onents, this date will i	uant to 605,0207 rot be listed as
document's effective date on the Department	of State's records.			
e record specifies a delayed effective date, but	not an effective time,	at 12:01 a.m. on the ea	rlier of: (b) The 90tl	n day after the
rd is filed.				
Dated August 24	2020			
	- Ann	_		
	1 ///			

Filing Fee: \$25.00