## L20000 218310

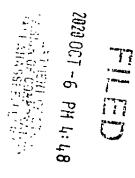
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration S Division of Co			
Subject:	Productions, LLC		
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	ondence concerning this matte	_	
	Stephanie St. Come		
		Name of Person	<del></del>
	Saintcome Productions, L	LC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>
	17241 SW 281st Street		
		Address	
	Homestead, FL 33030		
	<del> </del>	City/State and Zip Code	77.21
	saintcomepro@gmail.com		
For further information of	E-mail address; (concerning this matter, please concerning this matter).	to be used for future annual report notificall:	Tication)
Andrew Jacobs		305 798-8913	
Name o	of Person	at () Area Code Daytimo	Telephone Number
Enclosed is a check for t	he 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 Addres Registration S	<del></del>	Street Address: Registration Sec	tion
Division of C	orporations	Division of Corp	oorations
P.O. Box 632 Tallahassee, I		The Centre of Ta	allahassee
i ananassee, i	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Saintcome Productions, LLC		
( <u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on our records.) rida Limited Liability Company)	Service .
The Articles of Organization for this Limited Liability Florida document number L20000218310	y Company were filed on July 24, 2020	and assigned
This amendment is submitted to amend the following	<del></del> · :	<b>o</b>
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET AD	DRESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
_	, Florid	a
	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 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
AMBR	Stephanie St. Come	17241 SW 281st Street	□Add
		Homestead, FL 33030	□Remove
			■ Change
			□Add
			Remove
			□Change
			□Add
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· Canti	ve data if other than the date of films.
`an effe <u>Vote:</u>	ve date, if other than the date of filing:
record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated <sub>-</sub>	10/5 . 2020 .  Signature of a member or authorized representative of a member
	Suppr
	Signature of a member or authorized representative of a member
	Stephanie St. Come
	Stephanic of Conte

Filing Fee: \$25.00