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(Re	questor's Name)	
(Add	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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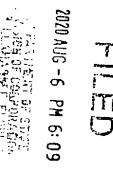
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SEP 2 4 2020 S. YOUNG



COVER LETTER

TO: Registration So Division of Co							
CHIER BEY COM	ces Productions, LLC		•				
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Steven Kornell						
		Name of Person	 _				
	Heard Voices Productions	LLC					
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	······································				
	6400 Canton Street South						
	Address						
	St. Petersburg, FL, 33712						
		City/State and Zip Code					
	stpetesteve3000@gmail.cor						
	E-mail address: (to be used for future annual report noti	fication)				
For further information of	concerning this matter, please co	all:					
Steven Kornell		727 295-8896					
Name c	of Person		e 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		Street Address:	otion				
Division of C		Registration Sec Division of Cor					
P.O. Box 632		The Centre of T					

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

HEARD VOICES PRODUCTIONS, 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 July 24, 2020 Florida document number _____L20000218947 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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: (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 registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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	Bryan Bowhall	1811 30th Avenue North	
		St. Petersburg, FL, 33713	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
		DAdd	
			□Remove
			□Change
		 	□Add
			□Remove
			□Change

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If an ef Note:	ive date, if other than the date of filing:
docum	tent's effective date on the Department of State's records.
e recor ord is fi	rd 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 led.
Dated	
	Signature of a member or authorized representative of a member