K20 000 255848

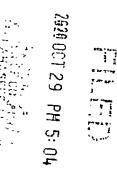
(Re	equestor's Name)	
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S. YOUNG

COVER LETTER

	on of Corpo			
SUBJECT: _		It Productions LLC		
SUBJECT		1	Name of Limited Liab	oility Company
Dear Sir or Mad	dam:			
The enclosed S	tatement of	Correction and fee(s) a	ire submitted for filing	g.
Please return al	l correspond	dence concerning this r	natter to the following	g:
Samara R. Hov				
		Name of Person		-
Lets Get It Prod	ductions LL	С		
		Firm/Company		_
8681 W IBM F	HWY #127-:	50		
		Address		-
Kissimmee, Flo	orida, 34747			
	City	State and Zip Code		-
letsgetitproduc	tionsllc@gn	nait.com		
E-mail ad	dress: (to be	used for future annua	report notification)	-
For further info	rmation cor	ocerning this matter, pl	ease call:	
Samara R. H	lowell			443-2992
	Name of F	erson	Area Code	
Regis Divis P.O.	ng Address: stration Section of Co. Box 6327 hassee, FI	ection rporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303
Enclosed is a c	heck for th	e following amount:		
□\$25 Filing Fo	ee 🗆	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15	5)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuan	t to section 605.0209, F.S., this document is being submitted to correct a previously filed document
<u>FIRST</u> :	The name of the limited liability company is: Lets Get It Productions LLC
<u>SECON</u>	
<u>THIRD</u>	Document to be corrected is: Articles Of Organization; Article IV
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	Karma The Goddess is the incorrect statement. This name is not valid because it should be the agents government
	name not the DBA (doing business as) name. Samara R. Howell is the correct title for the Manager in the article.
0	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
_	as follows:
	<u>OR</u>
	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date
	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign ig the designation).
I hereby provisio obligati	egistered Agent's Signature, if changing Registered Agent: of accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the ons of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing hange.

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)