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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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FILED 2020 NOV -3 AMII: 52

12/11/20

COVER LETTER

TO: Registration Solution of Con		te.	
	MS PRODUCTION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	KEVINNE GILL		
		Name of Person	
	A KG FILMS PRODUCT	ION LLC	
		Firm/Company	
	9672 NW 45TH ST		
		Address	
	SUNRISE FL, 33351		
		City/State and Zip Code	
	KEVINNEGILL@GMAIL		
For further information	e-mail address: (to be used for future annual report nota	neation)
	concerning mis matter, prease c		
KEVINNE GILL		954 4962622 at ()	<u> </u>
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	alianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A KG FILMS PRODUCTION LLC		
(Name of the Limited Linbility C (A Florida Lin	ompany as it now appears on our inited Liability Company)	records.)
	pany were filed on A KG FILM	1S PRODUCTION and assigned
Florida document number L200002305 885		201
A KG FILMS PRODUCTION 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 A KG FILMS PRODUCTION Florida document number L200002305 6 8 5 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 abbreater new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	FILED 2020 NOV -3 AM	
A. If amending name, enter the new name of the limited	I liability company here:	- ω Tπ
		· 蛋 口
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		. 2
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	ffice address on our records, <u>c</u>	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street i	address
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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>	<u>Address</u>	Type of Action
MGR	KEVINNE GILL	9672 NW 45TH ST SUNRISE FL,33351	■Add
			□Remove
			Change
			Change
			-3 III
			Remove Thange
			□Add
			Remove
			□Change
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ective date, if other than the d	ate of filing: be specific and cannot be prior to date of	(option:	al)	
reffective date is listed, the date must tele. If the date inserted in this block	be specific and cannot be prior to date of the does not meet the applicable stat	f filing or more than 90 days after fili utory filing requirements, this da	ng.) Pursuant to 605 ate will not be list	i.020° .ed as
cument's effective date on the Dep				
cord specifies a delayed effective s filed.	date, but not an effective time, at 1:	2:01 a.m. on the earlier of: (b)	The 90th day afte	r the
OCTOBER 2	2020			
	ignature of a member or authorized rep			