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COVER LETTER

TO: Registration S Division of Co				
	PRODUCTIONSLLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	JEROME CHIYEZHATH			
		Name of Person		
	UMEDIAPRODUCTION	SLLC		
		Firm/Company	 _	
	1660 NORA TYSON RD			
		Address	 -	
	SAINT CLOUD FL, 3477	1		
		City/State and Zip Code		
	jechiyezhath@hotmail.com	to be used for future annual report no		
Vor further information	concerning this matter, please c		ancadon)	
	_			
JEROME CHIYEZHA'		267 597-8491 at ()	ne Telephone Number	
Name	of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for	the 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 tadditional copy is enclosed	
<u>Mailing Addro</u> Registration		Street Address: Registration So	ection	
Division of Corporations		Division of Co	orporations	
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810	
	•		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our record Liability Company)	l <u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 10/06/2020	and assigned
Florida document number 1.20000315475		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
AVIYAL PRODUCTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022 DE
Principal office address MUST BE A STREET ADDRESS)		
		- (3万) の 「
		PHIZ:
Enter new mailing address, if applicable:		2: 33
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registe
and/of the new regimered white discrete mere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	NY
		orida
	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 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
	<u></u>		🗀 Add
			□Remove
			□Change
			□Remove
			Remove
			Change
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ffective date, if other than the date an effective date is listed, the date must be	ate of filing:	(0	ptional)
an effective date is fisted, the date must block in this block in this block.	specific and cannot be prior to dat k does not muct the applicable :	e or thing or more man 90 days a statutory filing requirements.	this date will not be listed as
ocument's effective date on the Depa	artment of State's records.		
record specifies a delayed effective of	late, but not an effective time, a	a 12:01 a.m. on the earlier of	(b) The 90th day after the
l is filed.			
December 6th	2022		
Pated	· · · · · · · · · · · · · · · · · · ·		
Si	gnature of a premose or authorized	representative of a member	
		•	
Jerome Chiyezhath			
	Typed or printed nar	ne of signee	