

120 000 330 168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

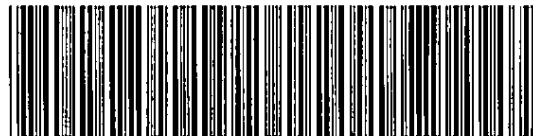
(Business Entity Name)

(Document Number)

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S. YOUNG

2020 DEC 22 PM 1:17

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nurse The Beat Productions, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sakelya N. Bea

Name of Person

Firm/Company

150 Gardenridge Court #108

Address

Winter Springs, FL 32708

City/State and Zip Code

NurseTheBeat@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sakelya N. Bea

321 830-0302
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Nurse The Beat 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 10/19/2020 and assigned
Florida document number L20000330168.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Nurse The Beat Entertainment Group, LLC

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)

150 Gardenridge Court #108

Winter Springs, FL

32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 195474

Winter Springs, FL

32719-5474

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:

URS Agents, LLC

New Registered Office Address:

3458 Lakeshore Drive

Enter Florida street address

Tallahassee, FL

City

Florida 32312

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.

URS Agents, LLC

Amy Purdy, Assistant Secretary

By: Amy Purdy
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>	<u>Type of Action</u>
MGR	Sakelya N. Bea	PO Box 195474	<input checked="" type="checkbox"/> Add
		Winter Springs, FL	<input type="checkbox"/> Remove
		32719-5474	<input type="checkbox"/> Change
MGR	Bennie L. Watson Jr.	27307 CR-448A	<input type="checkbox"/> Add
		MOUNT DORA, FL	<input checked="" type="checkbox"/> Remove
		32757	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Changing LLC Name

Updating New Registered Agent

Removing Bennie L. Watson Jr. I made a mistake and should have put my name in this area instead of a staff member.

Thank you!

Have a beautiful day and enjoy the holidays!

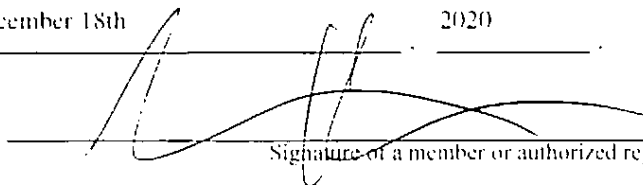
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 18th, 2020



Signature of a member or authorized representative of a member

Sakelya N. Bea

Typed or printed name of signee