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## **COVER LETTER**

TO: Registration S Division of Co		•	
	ductions LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GILAD SHALOM		
	<del></del>	Name of Person	
	AMG Productions LLC		
		Firm/Company	
	3000 STIRLING ROAD S	SUITE 100	
		Address	iling Fee, the of Status & (5) Copy (1) Copy (2) Copy is enclosed (1) And 29 A 1: 2
	HOLLYWOOD, FL 3302	1	
	gilad@donnaitalia.com	City/State and Zip Code	
	<u> </u>	(to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
GILAD SHALOM		305 226-9440	
Name o	of Person	at ()	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Q.
Mailing Addre		. 20	
Registration	Section	Street Address: Registration Section	
Division of C		Division of Corporations	<u> </u>
P.O. Box 632 Tallahassee,		The Centre of Tallahassee	
	-	Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMG Productions LLC

company has been notified in writing of this change.

(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  $\frac{01/13/2021}{1}$ \_\_\_\_\_ and assigned Florida document number <u>L21000011116</u> 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 Office Address: Enter Florida street address City 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 familial with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this socument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability.

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
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	Signature of a	a member år authorizad	representative of a memb	עיר	

Filing Fee: \$25.00