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(Re	equestor's Name)	
(Ac	idress)	
(Ad	ddress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

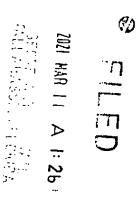
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COVER LETTER

TO: Registration S Division of Co	rnerations	.	·.
SUBJECT:	Film Brew P	Toductions LLC	y · · ·
SUBJECT.	Name of Lim	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:	
	Tra	vis Earnest Name of Person	
		Name of Person	
	Fili	m Brew Production	\ \$
		Firm/Company	
	605	2 Evansbrook 1	<u>) r</u>
		7.00.000	
	Zephyr	hills, FL. 3354 City/State and Zip Code	
	•	City/State and Zip Code	r
		vis . Car Nes+ @ Me . C	
For further information	concerning this matter, please of	·	
· -	Taxis Farnest	a13. 618-	6242
Same	of Person	at (<u>813)</u> 616 - Area Code Daytime T	elephone Number 70
Enclosed is a check for	the following amount:		T MAN
\$25.00 Filing Fee	<u>-</u>	v to the consideration of the	
S \$25.00 Filing Fee	ப் \$30.00 Filing Fee & Centificate of Status	☐ \$55.00 Filing Fee & Certified Copy fadditional copy is enclosed)	✓ \$60.00 Filing Fee. Certificate of Status & Certified Copy > tagaintegral copy is metosed.)
			26
Mailing Addre	<u>'SS:</u>	Street Address:	
Registration		Registration Section	
Division of C P.O. Box 63:	•	Division of Corpo The Centre of Tall	
1 .O. DOX 03.	· ,	The Centre of Tall	ianassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF.

Film Bre	w Productions LLC.
(Name of the Limited Liab	pility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 1/4/21 and assigned 2595
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address , Florida .
	City , Florida
New Registered Agent's Signature, if changing Registe	red 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	
$\Delta MBR =$	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
<u>Title</u>			
MGR	Travis Earnest	6052 Evanshræk Dr. Zephyrhills, Fl. 33541	[DAdd
			<u></u>
			Change
			□Add
			□Remove
			□Change
			□ Add
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			□Add

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imending any other information, enter change(s) here: (Attach additional description) imending any other information, enter change(s) here: (Attach additional description) imending any other information, enter change(s) here: (Attach additional description) imending any other information, enter change(s) here: (Attach additional description) imending any other information, enter change(s) here: (Attach additional description) imending any other information, enter change(s) here: (Attach additional description) imending any other information, enter change(s) here: (Attach additional description) imending any other information informati	
myself as a manager when	
January 4th, 2021, Plea	
to the list of	
to my wife Amy.	Thankyo!
	\"
4TF-175-0-1-	2021 R
	AAR .
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 60
2. If the date inserted in this block does not meet the applicable statingry fit iment's effective date on the Department of State's records.	The Committee of the Co
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day aft
d_3/9/21	
The hand	
Signature of a member or authorized representati	ive of a member
Travis Earnest	