9/1/2021 Division of Corporations Electronic Films Gover

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAYO PRODUCTIONS LLC

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COVER LETTER

FO: Registration Se Division of Cor				#14 gue
CAYO PRO	ODUCTIONS LLC			
UBJECT:	Name of Limi	ted Liability Company		
	Amendment and fee(s) are submondence concerning this matter			
	Cheyenne Moseley			
		Name of Person	-	
	Legalzoom.com, Inc.			
		Firm/Company		جہ
	101 N Brand Blvd 11th Fl		77.00	MIST T
		Address		
	Glendale, CA 91203			
	georgearauzkw@yahoo.con	City/State and Zip Code		MISER - HO. OF
		to be used for future annual report notif	cation)	
or further information o	concerning this matter, please ca	all:		
Theyenne Moseley		800 773-0888 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	
nclosed is a check for t	he following amount:			
1 \$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 (additional copy is enclosed	
		(A000 13 13 03 14 A A A A A A A A	OD ADDRESS	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Janet

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited)	ny as it now appears of Liability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number 1.21000126794				and assigned
his amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here		
The new name must be distinguishable and contain the v	vords "Linuted Liabi	hty Company," the desig	nation "LLC" or the ab	previation "L.L.C "
Enter new principal offices address, if applic	able:	291 Front St., Suite	: 110	
Principal office address MUST BE A STREI	ET ADDRESS)	Key West, Florida	33040	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BON)			
B. If amending the registered agent and registered agent and/or the new registered o	/or registered o ffice address her	ffice address on o	ur records, <u>enter</u>	the name of th
Name of New Registered Agent:				
	291 Front St., 5			
New Registered Office Address:		Enter Florida	street address	
New Registered Office Address:			~	. 40
New Registered Office Address:	Key West	Circ	Florida 33)40 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Page: 5 of 6

Title	Name	Address	Type of Action
AMBR	DYLAN J PINDER		
		5030 5TH AVE, UNIT 18 KEY WEST, FL 33040	■ Remove
		<u></u>	☐ Change
AMBR	Jorge L. Arauz		Add
			☐ Remove
		291 Front St., Suite 110 Key West, Florida 33040	
_			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change

FAX NO. 3052939588

P. 04

n emel	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing: (optional) five date is limed, 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) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
ne recor The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated #	August 30th goll
	organized anicipled or authorized representative of a member
	Torge L. Araux

Page 3 of 3

Filing Fee: \$25.00