

K21000195916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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JUL 30 2011
JUL 30 2011

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AG 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:

ALEXIS GARCIA

Name of Person

AG PRODUCTIONS, LLC

Firm/Company

1656 POLK ST APT 8

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

alexisgarcia999@gmail.com

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

For further information concerning this matter, please call:

ALEXIS GARCIA

954

319-2410

at (_____) _____

Name of Person

Area Code

Daytime 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
(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**

AG 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 04/27/2021 and assigned
Florida document number L21000195916.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

DORIS VEZGA

New Registered Office Address:

4333 SW 51ST ST

Enter Florida street address

DANIA

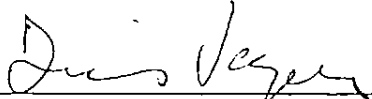
Florida 33314

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 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	DORIS VEZGA	4333 SW 51ST ST	<input checked="" type="checkbox"/> Add
		DANIA, FLORIDA 33314	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXIS GARCIA	1656 POLK ST APT 8	<input type="checkbox"/> Add
		HOLLYWOOD, FLORIDA 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEXIS GARCIA	1656 POLK ST APT 8	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FLORIDA 33020	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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AM

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

NONE

2021 JUL 30 AM 9:55
ALEXIS GARCIA

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 JUNE 15 2021

Signature of a member or authorized representative of a member

ALEXIS GARCIA

Typed or printed name of signee

Florida

DRIVER LICENSE

V200-160-59-791-0



MEZGA
DORIS
62233 SW 51ST
DENIA FL 33314

DOB 08/11/1959
EXP 08/11/2028
SEX F
EYES B
HAIR B
SKIN F
END NONE

SAFE CENTER
ISS 08/11/2020
SDD-R062009010108

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.