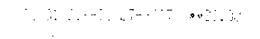
K21000202990

(Requestor's Name)
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PICK-UP WAIT MAIL
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Outs 10 in Contract of Change
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7/2/21



COVER LETTER

TO: Registration Section Division of Corporation	15		
SUBJECT:	+ PRODI	IONS. LLC	
SUBJECT:	Name of Limit	ed Liability Company	1
The enclosed Articles of Amenda	nent and fee(s) are subm	nitted for filing.	
Please return all correspondence of	concerning this matter to	o the following:	
	Dawn	Name of Person	
	PRODU	Tim/Company	
	337467	Tarton Dr Address	<u>_</u> _
	Leesby	R Pl 3-108 Cay/State and Zip Code	3
	E-mail address: (to	DIONIC & GMO be used for future annual report	notification)
For further information concerning	g this matter, please cal	II:	
Daux Our		(25) 223	-MP
Name of Person		Area Code Day	time Telephone Number
Enclosed is a check for the follow	ing amount:		
☐ \$25.00 Filing Fee (4) \$3	0.00 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 Corporat P.O. Box 6327	tions		Section
Tallahassee, FL 323	1 7	Tallahassee,	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRODIONS LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000202990</u>	ompany were filed on $\frac{\sqrt{ 27 21}}{0}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.)		or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 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

Title	<u>Name</u>	Address	Type of Action
<u>O Wher</u>	Cory Dion	33746 Tarlton Dr Leesburg F1 34188	🗆 Add
			□ Remove
A 44 OVA		From Manager to Ambriowner Sil.	🏂 Change
Gwrer	Dan Our	33746 Tariton Dr Leesong Fi 34188	□ Add
			□Remove
		From memager to ABR/owner 50%	\D Change
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te: If the date inserted in this block does not meet the applicable statutory filing requir	ements, this date will not be listed a
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
s filed.	,
5/21/21	1
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-1. Mun M. Dow	•
Signature of a member or authorized representative of a mer	mber :
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Filing Fee: \$25.00