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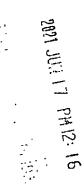
(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	Kamooyproc	duction LLC little Liability Company	··
	Amendment and fee(s) are sub	-	
	Alex	Stvi Name of Person	
	KSmoon	production LLC	
	1720 NU	U 51st terrace Address	
		City/State and Zip Code	
		to be used footfuture annual report notifi	ication)
For further information ed Alex Sh	oncerning this matter, please c	all: at (<u>786)</u>	0922
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e 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

(Name of the Limited Diability Composition (A Florida Limited	pany as it now appears on our records d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L21000221136</u> .	ny were filed on 5 12	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	ability company here:	2021 JU:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation 2L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1720 NW 51 st + Niami, F1 33	errace 72 142 72
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1720 NW 5184 Miami, F1 33	terrace
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	£1a	rida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other	than the date of	f filing:				(optional)	
n effective date is listed,	the date must be speci	ific and canno			поге than 90 day	s after filing.) l	
te: If the date inserte cument's effective dat				e statutory mi	ng requiremen	is, uns date w	an not be fisted
ecord specifies a delay	ed effective date, b	out not an eff	fective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day after t
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is filed.	11 th	Alex voru membe	STV:	d representative	e of a member		

Filing Fee: \$25.00