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COVER LETTER

TO: Registration Se Division of Cor				
	NTER PRODUCTIONS 2, LL	С	,	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TRAVIS J HENRY (REG	STERED AGENT)		
		Name of Person		
	THE T & T GROUP			
		Firm/Company		A .
	7401 WILES RD. STE 344	1		22 AUG
		Address		22 AUG 16 AM 8: 57
	CORAL SPRINGS, FL 33	067		4 91
		City/State and Zip Code	,	AM 8:
	thetntgroup@gmail.com	to be used for future annual report notifica	···	57
For further information of	e-man address: (•	ition)	
TRAVIS J HENRY		954 8732853		
Name o	of Person	at () Area Code Daytime T	elephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addre		Street Address:	on	
Registration Division of C		Registration Section Division of Corpo		
P.O. Box 632	•	The Centre of Tal		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAD HUNTER PRODUCTIONS 2, LLC

company has been notified in writing of this change.

The Articles of Organization for this Limited Liability Company were filed on $\frac{05/20/2021}{\text{L21000236044}}$. This amendment is submitted to amend the following:	_ and assign	ied
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)	2 #	<u>₹</u> 5.
	อก	2).
	91	<u></u>
Enter new mailing address, if applicable:	Æ	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	217
(Maining address MAT BE A FOST OF FICE BOX)	57	
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	of the new r	egistero
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
, Florida		
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	Zip Code	22 AUG 16 AM 8: 57 ew regist

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

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>	Address	Type of Action
AMBR	THE T & T GROUP	7401 WILES RD. STE. 344	□Add
		CORAL SPRINGS, FL 33067	■Remove
			□Change
			□Add
			□Remove
		<u> </u>	Change Ch
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ocument's effective date	on the Department o	I State's records				
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record specifies a delayed is filed.	i effective date, but n	iot an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th day an	lei
ated <u>August</u>	3	2022	<u>-</u> .			
*	V.	11	- ,			
			orized representativ			

Filing Fee: \$25.00