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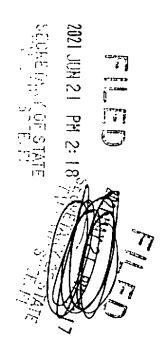
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COVER LETTER

TO: Registration Se Division of Cor		•	· · · · · · · · · · · · · · · · · · ·				
SUBJECT:	DJ WKIDD	Productions LLC	<u>-</u>				
	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
		- 1 01					
	Lucie	Name of Person					
	DJW	luad Projuction		20			
	305 NE	Address	ORE TO	2021 JUN 21			
	miami,	7 33101 City/State and Zip Code		E I			
	Diyk E-mail address: (id@gmail.com	- 1	<u>ာ</u> သ			
For further information c	oncerning this matter, please ca	·	,				
Lucier Name o	Neptune Person	Area Code Daytin	7659 ne Telephone Number	<u> </u>			
Enclosed is a check for the	ne following amount:						
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact of Cadditional contact of	of Status & opy			
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection				
Division of C		Division of Corporations					
P.O. Box 632		The Centre of 1	Fallahassee				
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810					

Γallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	moductions LLC
(A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
	, , , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability Company were filed on Hay 25, 2021 and assigned	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address if applicables	
	PFCC)
Comequionice unutes, MOST DE ASTREET ADDI	
	mo N
Enter new mailing address, if applicable	18 18 18 18 18 18 18 18 18 18 18 18 18 1
	Pri 20
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Fiorīda
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed 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>	Address	Type of Action
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ctive date, if other than effective date is listed, the date	the date of I must be specifi	filing:ic and cannot be n	orior to date of filin	g or more than 90 c	_ (optional) lays after filing) Pursuant to	605 026
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ord specifies a delayed effe filed.	ective date, bu	t not an effectiv	ve time, at 12:01	a.m. on the earli	er of: (b) Th	e 90th day a	ifter the
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	Signature	offa member or a	uthorized represer	tative of a membe	r 		