

K21 000340632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

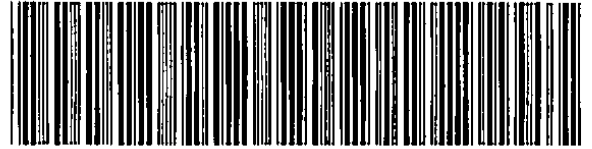
(Business Entity Name)

(Document Number)

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21 NOV -1 PM 3:21

T. MATTHEWS

NOV 23 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -1 PM 1:02

October 11, 2021

SCOTT A BECK  
5645 CORAL RIDGE DR STE 3  
CORAL SPRINGS, FL 33076

SUBJECT: HARD DECK PRODUCTIONS LLC  
Ref. Number: L21000340632

We have received your document for HARD DECK PRODUCTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 921A00024717

TO: Registration Section  
Division of Corporations

SUBJECT: Hard Deck 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:

SCOTT A BECK  
Name of Person

HARD DECK PRODUCTIONS LLC  
Firm/Company

5645 CORAL RIDGE DR, STE 43  
Address

CORAL SPRINGS, FL 33076  
City/State and Zip Code

INFO @ HARDDECKPRODUCTIONS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT A BECK at (954) 913-2923  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

HARD DECK 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 JULY 27, 2021 and assigned Florida document number L21000340632.

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:

N/A

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 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.*

N/A

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>
AMBR	SCOTT A BECK	11211 HERON BAY BLVD	<input checked="" type="checkbox"/> Add
		APT 3816	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Change
AMBR	HAROLD A FOREMAN	3508 SW NATURA BLVD	<input type="checkbox"/> Add
		UNIT 101	<input checked="" type="checkbox"/> Remove
		DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Change
AMBR	NELLY TEJEDA	4146 NW 90TH AVE	<input checked="" type="checkbox"/> Add
		APT 205	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

21 OCT -1 PM 3:21

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)

**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 OCTOBER 26, 2021



Signature of a member or authorized representative of a member

SCOTT A BECK

Typed or printed name of signee