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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
HAVANA	VIDEO PRODUCTIONS AND	ENTERTAINMENT, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ILSIS CESPEDES NODA	S	
		Name of Person	
		Firm/Company	
8420 SW 133RD AVE RD APT 424			
		Address	
	MIAMI/FL/33183		
	ILSISCESPEDES@GMAII	City/State and Zip Code COM to be used for future annual report noti	faction
For further information	concerning this matter, please c		neauony
ILSIS CESPEDES NODAS		786 318-9619 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Addr		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Cor	
P.O. Box 63	•	The Centre of T	[allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION OF

HAVANA VIDEO PRODUCTIONS AND ENTERTAINMENT, 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 30, 2021 Florida document number L21000344547 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIA PRODUCTIONS AND ENTERTAINMENT, LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address Cirv

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
			□ Add
			□Remove
			□ Change
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fan effe Note:	fective date, if other than the date of filing:	.) Pursuant to 605.0207
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	ne 90th day after the
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rd is file	AGOST 24 2022	