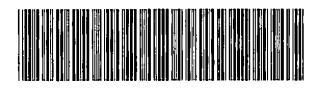
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Division of Corporations
SUBJECT: Heavy Hittaz Drich Chims  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Ebany Curry Name of Person  Business for Heavy Hithaz productions Firm/Company
215 Springdale Court
Macon Georgia 31210  City/State and Zip Code  Heavy hittaz Did vitius 11 Cat anal  E/mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (10) 744-9788 = 8  Area Code Daytime Telephone Number = 8
inclosed is a check for the following amount:  S25.00 Filing Fee  S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION **OF**

teavy titta	Liability Com Florida Limite	Dany as It now d Liability Con	appears on or	ur records.)		_
The Articles of Organization for this Limited Liab	oility Compar	ny were filed	on 8	24/20	) <del>}</del> and	i assigned
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited lis	bility comp	any here:			
The new name must be distinguishable and contain the work	ds "Limited Lia	bility Company	the designat	ion "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices address, if applicab	ole:				<u>-</u> :	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	-		<del> </del>	[52 ] .	AUG :
NIA						30 PM
Enter new mailing address, if applicable:			-		· '	?3
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>					
B. If amending the registered agent and/or regagent and/or the new registered office address		e address on	our record	s, <u>enter the na</u>	ime of the	new regi
Name of New Registered Agent:						
New Registered Office Address:		En	iter Florida stre	eet address		
W/A-		Citv		, Florida _	Zio C	'ode
Now Degistered Agent's Signature if changing Dec		•			zsp C	IAR

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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Acti
AMBR	Darryl Bowers	620 5 Virgil Avenue APT 542 Los Angeles CH	_XAdd
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or removed from our records:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)	
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		21 Alfi
	<u>≯:</u>	i6 3d
	95 * 19 11	P# .
8/26/201		ي 5: لبا
E. Effective date, if other than the date of filing: (Options (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ng.) Pursua	unt to 605.02 of be listed
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th	day after tl
Dated August 26, 2021.		
Agignature of a member or authorized representative of a member		
Regina Livings tun Typed or printed name of signee	<u>-</u>	

Filing Fee: \$25.00