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COVER LETTER

10:	Division of Corpo			·
SUBJEC	T:	Exoto Name of Limi	Procluction ited Liability Company	rs uc
The encl	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspond	dence concerning this matter	to the following:	
	Į.			
		Duken	Productions LLC Firm/Company Switch Address Beach, R. 33004 City/State and Zip Code Ord & dexotic productions dress: (to be used for future annual report notification) ease call: J. 1754, 252-6554 Area Code Daytime Telephone Number & S55.00 Filing Fee & S60.00 Filing Fee,	
	l	D Exoti	- Production Firm/Company	ns LLC
		234 5	W 16 th Gir	eet
i		Dania Be	City/State and Zip Code	enxuluctions com
		E-mail address: (to be used for future annual repor	notification)
For furt	ner information cor	ncerning this matter, please ea	all:	
<u></u>	ukens	Eleazard		
	Name of I	ferson	Afea Code Di	sytime Telephone Number
Encloso	d is a check for the	following amount:		
□ S25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Registration Division of The Centre 2415 N. Mo	Section Corporations of Tallahassee onroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears on our records.)</u> ability Company)
The Articles of Organization for this Limited Liability Company	were filed on <u>CCT. 1</u> , <u>2021</u> and assigned
Florida document number L 21000 H 31655.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	
	1021
	- C - 71
	72 =
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	80
B. If amending the registered agent and/or registered office as	ddress 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
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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 **Title** Type of Action Name <u>Address</u> Dukens Eleazard 234 SW16 bt Dania Rett Kadd
Florida 33004 □Remove _____ □Change Remove _____ 🔲 Remove _____ □Remove ☐ Change __ □Change _ □Remove

____ □Change

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effectiv te: If th	date, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the OCHOBAY 19 2021
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Filing Fee: \$25.00