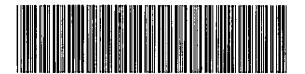
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DIVISION OF CORPORATIONS

22 APR 11 PM 12: 30

T. MATTHEWS APR 27 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:DW]	O Productions Name of Limi	LLC 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:	
	_ Dana Ben	Name of Person	
		Firm/Company	
	<u>216 S. Atlant</u>	7C AVE Address	
	<u>Ormand Bea</u>	Ch Fl 32176 City/State and Zip Code Lana Digmail. (Use to be used for Entire annual report noti	m,
For further information c	Umail address: () oncerning this matter, please ca		fication)
Dana Benik Name o	7017 f Person	at (<u>305_</u>) <u>580-6</u> Area Code Daytim	9463 e Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION SECRETARY OF STATE OF ORGANIZATION DIVISION OF CORPORATIONS **OF**

22 APR 11 PH 12: 30

_DWD Pro	ductions LLC	
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L220005045</u> This amendment is submitted to amend the follow	<u>57 </u>	1001
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or reg agent and/or the new registered office address	r	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet 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.

. 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
AMBR	Dana Beninati	216 s. Atlantic Ave	Z Add
		ormond Beach, FL 32176	□Remove
			□Change
			□Add
			Remove
		<u>.</u>	□Change
			□Add
			□Remove
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			Remove
			□Chanue

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_	
Note: 1	e date, if other than the date of filing:
	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 d.
Dated _	April 8, 2022 April 8, 2022
Note: I document of the record is file	The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and is effective date on the Department of State's records. 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

Filing Fee: \$25.00