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T. MATTHEWS APR - 1 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Paide Fan Prod	LucTions LLC Limited Liability Company	<del></del>
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Tabitha D	O, Which y Name of Person	
	Firm/Company	
811 Montgo	omery Way Address	
Daverport 1	City/State and Zip Code	
	cattroductions. Com ess: (to be used for future annual report notification	<u>n)</u>
For further information concerning this matter, plea	ise call:	
Tubithe Whidhy Name of Derson	at ( <u>477</u> ) <u>267 02</u> Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu	<del>-</del>	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Pride For Po	Jability Company as it now appears on colorida Limited Liability Company)	un records )
(A)	Florida Limited Liability Company)	un records.
The Articles of Organization for this Limited Liabi		$\frac{7/2 \circ 2}{2}$ and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	
	. 1 65 31	n an can be
B. If amending the registered agent and/or registered and/or the new registered office address h		is, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet 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 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>	Address	Type of Action
AMBR	Tobitho D. Whidhy	SII NONT Genery Way	□Add
		Divingent Fl. 33.897	□Remove
			🗆 Add
		<del></del>	Remove
			□ Change
			□Add
		<del></del>	□Remove
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			□Remove
			□Change
			□Remove
			□Change

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