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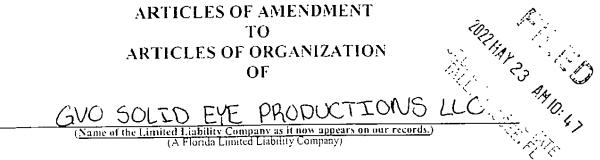
Cf 5/23/2022

COVER LETTER

	gistration Sect vision of Corpo			
SUBJECT:	GV	O SOLID EYE	PRODUCTIONS 1	LC
SOBJECT.		Name of Limite	d Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return	all correspon	dence concerning this matter to	the following:	
		Jac	h. Omar. Will	ans
		<u>GV0</u> 50	Firm/Company	IONSLLC
		1614 1	ake Avc. Apt. DIZ	
		Talla	OGSGEE FL 323	
		E-may address: (1	City/State and Zip Code Code	lation)
For further	information co	ncerning this matter, please ca		
Ja	whi Ov Name of	nari Williams	at (850) 518 – Area Code Daytime	OH 27 Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R E P	Lailing Address Legistration Solvision of Co. Box 632 Callahassee,	Section Torporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



(A r	idital Effice Emonity Company	1918 - 1
The Articles of Organization for this Limited Liabil Florida document number 177001449		
This amendment is submitted to amend the following	iĝ.	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	" or the abbreviation "L.IC."
Enter new principal offices address, if applicable	::	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter</u> e <u>re</u> :	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	35
	ra F	lorida
	, 4 1	

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>	Name	Address	Type of Action
AMBR	Jamon Williams	1614 Lake Ave Apt. 017	□Add
		Tallahassee FZ	Demove
			Change
AMBR	Jakoy Williams	1619 Lake Ave Apt. D17 Tallahassee FL	□Add
	(Tallahassee FL	DRomove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
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			□Add
			□Remove
			□Change

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Note: If	date, if other than the date is listed, the date in the date inserted in this lat's effective date on the late.	olock does not me	ect the applicabl	date of filing or more e statutory filing re	(optior than 90 days after fi quirements, this	nal) ding.) Pursuant to 605.0 date will not be listed	020 ¹ d as
record: d is filed	specifies a delayed effect l.	ve date, but not a	an effective time	r, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
Dated _	5/23/22						
		Signature of a n	Janki neinber or authoriz	Williams ged representative of	a member		
		-					

Filing Fee: \$25.00