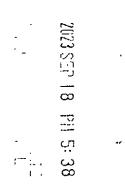


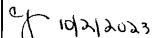
(Re	equestor's Name)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(8u	siness Entity Na	me)
(Do	cument Number)
Centified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	





09/19/23--01018--017 **25.00







TO: Registration Se Division of Cor		•	•	
Changingin	ame:from:Ready:AV:Production	ns:EEC to Ready Prod	luctions;LLC 🤿	
SUBJECT:	Name of Limi			
-	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter	•		
	Israel Cano			
		Name of Person		
	Ready AV Productions LLC	•		
	 	Firm/Company		
	1421 Barbados Ave			
		Address		
	Orlando, FL 32825			
	ready.av.productions@gmai	City/State and Zip Co	ode	
	· · ·	to be used for future and	nual report notificat	ion)
For further information of	oncerning this matter, please ca	all:		
Israel Cano		407	952-7438	
	of Person	at () Area Code	Davtime T.	elephone Number
Name (n reison	Area Code	Daytine 10	repriore Number
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy i	Ÿ	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addre			t Address:	
Registration	Section	Keg	istration Section	9H .

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ready AV Productions LLC

2023 SEP 18 PH 5: 38

(A Florida	Limited Liability Company)	our records.)
,		
The Articles of Organization for this Limited Liability Co		and assigned
Florida document number 1.22000179336	<u>_</u> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Ready Productions LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
A		
		-
B. If amending the registered agent and/or registered	d office address on our recor	ds, enter the name of the new register
agent and/or the new registered office address here:		
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	d Agent:	
I hereby accept the appointment as registered agent	and agree to act in this cape	icity. I further agree to comply with t
provisions of all statutes relative to the proper and c	omplete performance of my	duties, and I am familiar with and $-$
accept the obligations of my position as registered as		
being filed to merely reflect a change in the registere company has been notified in writing of this change.	a office address, i hereby o	мунт иш те итиса намиз

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			☐ Change
		 	□Add
			□Remove
			□Change
		 	□Add
		<u>-</u>	□Remove
			□Change
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• .	<u>, </u>
(If an e Note	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	09/19/2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee