## L22000201259

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LLC Amend

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

FO: Registration S Division of Co			
	Rose Productions I LC		
SUBJECT:	Name of Lim	ited Liability Company	
F1 - 1 - 1 4 - 1 - 4		the discussion	
	Amendment and fee(s) are sub	_	
riease return an corresp	ondence concerning this matter	to the following:	
	Demetreis A. Caudle		
		Name of Person	<u> </u>
	Concrete Rose Productions	SLLC	
		Firm/Company	
	6053 Apollos Corner Way		
		Address	
	Orlando FL 32829		
		City/State and Zip Code	
	ceotournado@gmail.com	to be used for future annual report notifi	· <del>·····</del>
For further information of	concerning this matter, please co	·	Cations
Demetreis A. Caudle		689 220-8331	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	-		_
□ \$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 Addre		Street Address:	at
Registration Division of C		Registration Sec Division of Corp	
P.O. Box 63		The Centre of To	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,但是以

Concrete Rose Productions LLC

2022 DEC 12 AM 10: 42

Liability Company as it now appears on our r Florida Limited Liability Company)	ecords.)
oility Company were filed on (14/27/2022)	and assigned
·	
ring:	
he limited liability company here:	
ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
de:	
ADDRESS)	
224	
istered office address on our records, <u>e</u>	nter the name of the new regi
<u>here</u> :	
E. C. C.	11
Ciny	_, Florida Zip Code
	ing:  the limited liability company here:  ds "Limited Liability Company." the designation lie:  ADDRESS)  istered office address on our records, ethere:

## 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
AMINA	Nathalie E Charles	5538 Union Pointe Place Union City GA 30291	<b>=</b> Add
			🗀 Remove
			□Change
			□Add
			□Remove
		*	□Change
			□ Add
			□Remove
		-	□Change
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		<u>.</u>	□Remove
			□ Channa

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(If an ef <u>Note:</u>	tive date, if other than the date of filing: $12-9-22$ (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	.9207 (3)( ed as the
the recorceord is fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after I.	: the
Dated	2/9/2022	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee