# LZZ000277795

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mistig Productions LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
hendra Smith Name of Person
Mistig Productions LLC Firm/Company
7901 4th St. N. Ste 4000
St. Petersburg, FL 33702 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (207) 310-1707  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S50.00 Filing Fee SCErtified Copy (additional copy is enclosed)

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

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Mistig Productions LLC		102 JUL
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	# A A A A A A A A A A A A A A A A A A A
The Articles of Organization for this Limited Liability Company we Florida document number L22000277795  This amendment is submitted to amend the following:	vere filed on <u>06/17/22</u>	and assigned of the
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	S LLC	abbraviation "L.I.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		curet
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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>	Name	Address	Type of Action
			□Add
			□Change
		□Add	
		□Remove	
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	
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