L22000284035

(Requestor's Name)	
(Address)	"
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	- 4,
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Special Instructions to Filing Officer:	, V
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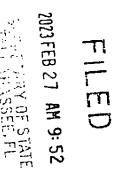


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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divi	ision of Co	rporations		
SUBJECT:		OUNGEWEAR LLC		
SUBJECT:		Name of Lin	nited Liability Company	· -
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		IRAUNI MAIZ		
			Name of Person	 -
		LOBBY LOUNGEWEAR	LLC	
			Firm/Company	
		57 ASH DR		
			Address	
		COOPER CITY, FL. 330.	26	
			City/State and Zip Code	 .
		IRAUNI.MAIZ93@GMAI		
		E-mail address: (to be used for future annual report noti-	fication)
For further in	formation c	concerning this matter, please c	all:	
IRAUNI MAIZ			754 267-0736	
Name of Person		f Person	at ()	e Telephone Number
Enclosed is a	check for tl	he following amount:		
□ \$25.00 Fi	iling 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)
	ing Addres		Street Address: Registration Sec	ction
Divi	ision of C	orporations	Division of Cor	
P.O.	. Box 632	.7	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOBBA FOUNGEMENT FIFE	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) my)
The Articles of Organization for this Limited Liability Company were filed or	n 06/22/2022 and assigned
Florida document number <u>L22000284035</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
BEHIND THE CURTAINS PRODUCTIONS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2023
	8 -
Enter new mailing address, if applicable:	ASS 7 m
(Mailing address MAY BE A POST OFFICE BOX)	
Muning duaress Mill DE AT OUT OF TEL DOM	
	- 清 2
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	or records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	Florida

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.

City

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			N2/21/2022			
Note: If t	date, if other than we date is listed, the dat he date inserted in the 's effective date on the	his block does not	t meet the applie:	to date of filing or mo	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0207 (3 ate will not be listed as th
e record sp rd is filed.	pecifies a delayed eff	fective date, but n	ot an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated	FEBRUARY 2	1,	2023	<u> </u>		
		Signature of				

Typed or printed name of signee