Division of Corporations

Florida Department of State Divisional Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ACT3 PRODUCION, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2022 JUL -5 FILL 4: 48

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JUL - 6 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Act3 Production, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears o bility Company)	n our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	7/1/2022	and assigned
Florida document numberL22000295567			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here	:	
Act3 Productions, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the design	mation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
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	ldress on our rec	ords, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here:			2
			022
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			1 - 77
	Enter Florid	i street address	5
		, Florida	
	City		Zip Codet ==
New Registered Agent's Signature, if changing Registered Agent:			28

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
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			☐ Change
<u></u>			□Add
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Effective date, if other than the date of filing:		
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