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COVER LETTER

	ision of Cor			
SUBJECT:	DC PROD	UCTIONS, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returr	all correspo	ondence concerning this matter	to the following:	
		DANNY CHIQUITO		
			Name of Person	
		DC PRODUCTIONS & E	VENTS, LLC	
Firm Company			Firm/Company	
4322 LIGHTERKNOT TRCE				
				<u> </u>
KISSIMMEE. FL 34746				
			City/State and Zip Code	
		dennychiquito@gmail.com		
		E-mail address: (to be used for future annual report not	tification)
For further is	nformation c	oncerning this matter, please c	all:	
DANNY CH	IQUITO		954 773-3584	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
⊠ \$25.00 F	iling Fee	S30.00 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)
	iling Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.C) ₁ Box 632	7	The Centre of	Tallahassee
Tal	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		<u> </u>
DC PRODUCTIONS, LLC			
, , , , , , , , , , , , , , , , , , ,	v Company as it now appe	ars on our records.)	
(Name of the Limited Ljabilit (A Florida	Limited Liability Company)	
		06/30/2022	rii c
The Articles of Organization for this Limited Liability Co	ompany were filed on _	00/30/2022	and assigned
Florida document number L22000296102			95 26
	_		
This amendment is submitted to amend the following:			
		•	
A. If amending name, enter the new name of the limit	ted liability company	<u>here</u> :	
DC PRODUCTIONS & EVENTS, LLC			
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	<u>ESS)</u>		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
	<u></u>		-
			
m .m	e	1	Call
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, enter the na	me of the new registered
agent and of the new registered office address here.			
Name of New Registered Agent:			.,
New Registered Office Address:	F F	orida street address	
	Enter Pi	OFRIG SIFVEL OUGFESS	
		, Florida _	
	Ciņ:		Zip Code
N. D. C. LA C. C. A. C. L. D. C. L. D. C. L. C. D. C. L. C.			

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 Title Name Address **Type of Action** Change _____ □Add □Remove ☐ Change _____ □Remove _____ □Change □Remove □Remove _____ □Remove

			
			
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ffective date, if other that an effective date is listed, the date inserted in the decument's effective date on	this block does not:	ig:(of cannot be prior to date of filing or more than 90 days meet the applicable statutory filing requirements State's records.	optional) after filing.) Pursuant to 605,020 this date will not be listed as
record specifies a delayed el d is filed.	Tective date, but no	at an effective time, at 12:01 a.m. on the earlier o	if: (b) The 90th day after the
JULY 7TH		2022	. ALL . ALL 2002
ated	1 /1 /1	••	ZIZZ JUL ALLAHAS
_	parting		
	Signature of a	member or authorized representative of a member	Fri -
** * * * * * * * * * * * * * * * * * *	TO.		
DANNY CHIQUI	10		<u> </u>

Filing Fee: \$25.00