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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TAIL AND SECESTATE

COVER LETTER

TO: Registration So Division of Cor			
	RODUCTIONS LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The analysis Amisles of	A day a d (.)	and the state of t	
	Amendment and fee(s) are sub ondence concerning this matter		
rease return an correspo	machee econcerning this matter	With tollowing.	
	Jenny C.		
		Name of Person	
	ZenBusiness Inc.		
		Firm/Company	3
	336 E College Ave. Ste 30)1	SEC SEC
		Address	RETAR
	Tallahassee, FL 32301		HAY
		City/State and Zip Code	2022 AUG 19 AM 9: 25 SECRETARY OF STATE SECRETARY O
	E-mail address: (to be used for future annual report notification)	- FEE 25
For further information of	oncerning this matter, please c	ali;	
Jenny C.		8-44 493-6249 at ()	
Name o	f Person	Area Code Daytime Telephone Nu	ımber
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee. tificate of Status & tified Copy titional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	
Division of C	lorporations	Division of Corporations	
P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMBS PRODUCTIONS LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	· · ·	and assigned
lorida document number 1.22000305359	- '	
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the li</u>	mited liability company here:	2022 NUG
he new name must be distinguishable and contain the words "L. Inter new principal offices address, if applicable:	imited Liability Company," the designation "LLC" or the	ne ablicamation a.L.C.
Inter new principal offices address, if applicable:		50 E O
<u>Principal office address MUST BE A STREET ADD</u>	ORESS)	9. 25 FES 9. 25
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		·
		<u> </u>
3. If amending the registered agent and/or register gent and/or the new registered office address here		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	Cine	Zin Cade

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
AMBR	William Fain	2123 Darlington Drive	□Add
		The Villages, FL 32162	= Remove
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ective date, if other than the reffective date is listed, the date mus	date of filing the specific are	ig:	to date of filing o	r more than 90 day	(optional) s after filing.) Pursuant to	605.020
te: If the date inserted in this blooment's effective date on the D	ock does not	meet the applic	able statutory f	ling requirement	s, this date	will not be	listed as
ament's effective date on the D	epartment of	State's records.					
cord specifies a delayed effectiv	e date, but no	ot an effective ti	me, at 12:01 a.i	n, on the earlier	of: (b) Th	e 90th day	after the
s filed.					(5)		
Amonet 10		2022					
ed		. `	·				
/s/ Scott Parish				ive of a member			