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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

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

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XSNOW PRODUCTIONS LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$25.00

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Help

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: XSNOW 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:

Maria C Sousa	
Name of Person	
Sousa & Associcates Inc	
Firm/Company	
5728 Major Blvd Ste 309	
Address	
Orlando Florida 32819	
City/State and Zip Cod	le
nfo@sousaace.com	
E-mail address: (to be used for future annu	al report notification)

For further information concerning this matter, please call:

Maria C Soosa

8007028

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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Page: 7 09/2/2022

12:44 PM

TO:18506176383 FROM:4079929407

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XSNOW P	RODUCTIONS LLC		
(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Li	ability Company were filed	08/24/2022	and assigned
on Florida document number 1.22000372034			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compar	iy here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company."	the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)	TADDRESS)		202
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	3 <i>0X</i>)		<u> </u>
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B. If amending the registered agent and/or reagent and/or the new registered office addres	gistered office address on (s here:	our records, <u>enter the n</u>	ame of the new registero
Name of New Registered Agent:	SOUSA & ASSOC		
New Registered Office Address:	5728 MAJOR BLVD	STE 309	
TOTAL PARENTE MANAGEMENT	Ento	er Florida street address	
	ORLANDO	, Florida	32819
	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

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TO: 18506176383 FROM: 4079929407

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
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			□Remove
			□ Change
			□Add
			□Remove
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