

L22000 402767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

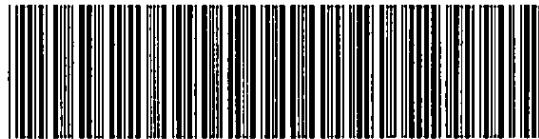
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SJBN 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:

Blake Henderson

Name of Person

Firm/Company

31 W Adams St APT 1406

Address

Jacksonville, FL 32202

City/State and Zip Code

blake@fieldtripevents.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Henderson 561 4209576
at _____ Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

\$25.00 Filing 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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SJBN Productions LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/2022 and assigned Florida document number L22000402767.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_, Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	NO SLEEP PRESENTS LLC	30 N GOULD ST STE R	<input type="checkbox"/> Add
		SHERIDAN, WY 82801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIGHTLIFE INNOVATIONS INC	333 E BAY ST	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JON MROZ	13830 CYRUS CT.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVEN SINCLAIR	1120 E TWIGGS ST.	<input checked="" type="checkbox"/> Add
		APT G167	<input type="checkbox"/> Remove
		TAMPA, FL 33620	<input type="checkbox"/> Change
MGR	NICHOLAS PICARD	1120 E TWIGGS ST.	<input checked="" type="checkbox"/> Add
		APT G167	<input type="checkbox"/> Remove
		TAMPA, FL 33620	<input type="checkbox"/> Change
AMBR	BLAKE HENDERSON	31 W ADAMS ST	<input checked="" type="checkbox"/> Add
		APT 1406	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32202	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 28th 2022
Dated

Blake Henderson

Signature of a member or authorized representative of a member

Blake Henderson

Typed or printed name of signee

Filing Fee: \$25.00