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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
	oductions, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	amitted for filing	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	Rex Parappilly		
		Name of Person	
	Jaguart Productions, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	80 SW 8th St STE 2000		~ .
Address			
	Miami/Florida 33130		
		City/State and Zip Code	
	rex@jaguart.org		 :
	E-mail address: (to be used for future annual report no	•
For further information	concerning this matter, please c	all:	c -
Rex Parappilly		305 600-6120	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing 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)
		•	
Mailing Addre		Street Address:	
Registration		Registration Se	
P.O. Box 63.	Corporations	Division of Co The Centre of	
Tallahassee			re Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jaguart Productions, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on November 4, 2022	and assigned
orida document number L22000473926		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	80 SW 8th St STE 2000	
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130	
nter new mailing address, if applicable:	80 SW 8th St STE 2000	ري. وين
Aailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130	
		<u>:</u>
		in.
. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new regis
gent 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>	Type of Action
MGRM	Giovanni Maglione	488 NE 18th Street, Unit 3307	□Add
		Miami, FL 33132, US	■Remove
			☐Change
			□ Add
			□Remove
			⊡Change
			□Change □Add □Add
			□Remove
			∵ ∵ □ Gh ange
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			□Add
			□Remove

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the actument's effective date on the Department of State's re-	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0, applicable statutory filing requirements, this date will not be listed ecords.
cord specifies a delayed effective date, but not an effect stiled.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ed December 15 20	<u>22</u> .
	or authorized representative of a member

Filing Fee: \$25.00