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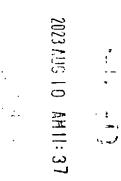
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COVER LETTER

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Division of Corporati	onś		
SUBJECT: VICKI	amirez Voi	ceover and Dubb	ing LLC
The enclosed Articles of Amend			2023 AUS 10 ANTI: 3
_	Vicki i	3. Ramirez Name of Person	H II: 37
	Vicki Ramire	2 Voiceover and Firm/Company	Dubbing LLC
	iaaya sw	140th St Address	
	Miami F Vickir_3 E-mail address: (1)	lorida 33186 City/State and Zip Code Ø50 hotmail. Co o be used for future annual report notifi	0 m
For further information concern	ing this matter, please ca	II:	
VICKIB Ra	micez	at (305) 790 Area Code Daytime	Telephone Number
Enclosed is a check for the follo	owing 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 Corport P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG 10 ARUN 37

.imited 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 12/27 Florida document number L22000534698 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dubbing Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records.	or more than 90 days after filing.) (filing requirements, this date w	Pursuant to 605.0207 (fill not be listed as t
the record specifies a delayed effective date, but not an effectiv) The 90th day after the record is filed.	ve time, at 12:01 a.m. o	n the earlier of:
Dated August 6 . 2023.		
Dated August 6 2023. Signature of a member or authorized representation.	ntive of a member	
Vicki B Ramirez Typed or printed name of signe		

Page 3 of 3

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