La300045883

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations			\$	
SUBJECT:	STYLVS S	Solutions Prodimited Liability Company	uctions	LLC.
The enclosed Articles of Am	endment and fee(s) are s	ubmitted for filing.		
Please return all corresponde	ence concerning this matt	er to the following:		
		Jose Larrotta Name of Person		_
	Stylus	Production So	SNOTULC	_
	2719	Hollywood Blub	, Suite	L 59
	Hallywa	Address O, FL 33020 City/State and Zip Code)	
_	STyLu	IS PRODUCTIONS	olutions	ogmail.com
For further information conc	erning this matter, please	PRODUCTION S (to be used for future annual report)	ioattication)	
JOSE LACTO	otha	at (754) 22	4-9152	<u> </u>
Name of Per	rson	at (754) Area Code Day	time Telephone Numb	Der 2: 22
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certific Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
<u>Mailing Address:</u> Registration Sec	tion	Street Address: Registration		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stylus

company has been notified in writing of this change.

Solutions Productions LLC

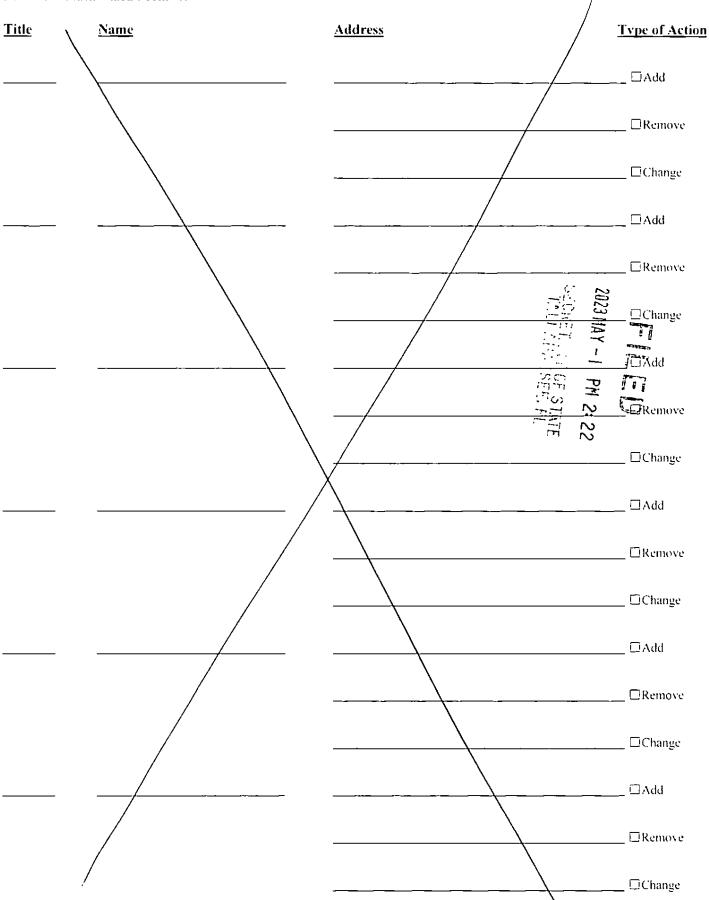
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2300045883</u>	vere filed on JANUARY 25, 2023 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil				
STYLUS PRODUCTION	SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limited Liabilit				
Enter new principal offices address, if applicable:	2719 Hollywood Bluo, Suite L59			
(Principal office address MUST BE A STREET ADDRESS)	2719 Hollywood Blvo, Suite L59 Hollywood, FL 33020			
Enter new mailing address, if applicable:	2719 Hollywood Blue, Suite L59			
(Mailing address MAY BE A POST OFFICE BOX)	2719 Hollywood Blue, Suite L59 Hollywood, FL 33020			
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent:	2023 HAY -			
New Registered Office Address:	Enter Florida street address 25 P 10:			
	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

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



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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.

Dated	April 21,2023
	Signature of a member of authorized representative of a member
	JOSE LARROTTA
	Typed or printed name of signee