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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Fi	iling Officer:	
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COVER LETTER

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SUBJEC	°т.	S2Productio	ons LLC		
SUBJEC	J1; _		Name of Lin	nited Liability Company	
The encle	osed A	Articles of A	Amendment and fee(s) are sul	bmitted for filing.	
Please re	turn a	ll correspo	adence concerning this matter	r to the following:	
			CHAD SAKONCHICK		
				Name of Person	
			BETTERLEGAL INC		
				Firm/Company	
			750 North St. Paul Street S	Suite 250 PMB 35833	
				Address	
			Dallas, TX 75201		
				City/State and Zip Code	
			filings@betterlegal.com		
For firthe	er info	rmation co		(to be used for future annual report notification)	
			ncerning this matter, please c	all:	
CHAD S.	AKO.	NCHICK		+1 (512) 969-2339 at ()	
Name of Person		Person	Area Code Daytime Telephone Number	_	
Enclosed	is a c	heck for the	following amount:		
■ \$25.0	00 Fili	ng Fec	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed)	Status &
F E P	Regis Divis P.O. 1	ng Address: stration Se ion of Co Box 6327 hassee, FI	ection rporations	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

S2Productions LLC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 02/03/2023	and assigned
Florida document number L23000063590	
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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	707
	203 OC
B. If amending the registered agent and/or registered office address on our records, e	nter the name of the new register
agent and/or the new registered office address here:	
Name of New Projectored Arents	
Name of New Registered Agent:	. Ñ
New Registered Office Address: Enter Florida street a	t was to the second
Emer Prorida Street a	auress
	. Florida

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.

Cirv

Zip Code

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being accepted to removed from our records:

1GR = Manager

MBR = Authorized Member

MBR = Au	thorized Member		Type of Action
<u>îitle</u>	<u>Name</u>	Address	<u> </u>
MGR	Will Saffen	7901 4TH ST. N STE 300	
		ST. PETERSBURG, FL 33702	□Remove
			Change
			□Add
			□ Remove
			□ Change
			□Add
			□ Remove
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lote: If the date inserted in this blo	the specific and cannot book does not meet the	e prior to date of film applicable statutory	g or more than 90 days y filing requirements	after filing.) Pursuant to 6, this date will not be 1	05.0201 isted as
	epartment of State's re	cords.		,	
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