L23000094602

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	#1
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(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2023 SEP 21 PH 5: 21

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COVER LETTER

TO:	Registration S Division of Co	Section orporations		
, SUBJEC	PTB PRO	DUCTIONS LLC		
		Name of L	imited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are si	ubmitted for filing.	
Please ren	ım all correspo	ondence concerning this matte	er to the following:	
		THOMAS DEHAAN		
			Name of Person	
		PTB PRODUCTIONS L	LC	
			Firm/Company	
		3742 North Federal High	away #1083	
			Address	
		Lighthouse Point, FL 330	X64	
		clreppe33@gmail.com	City/State and Zip Code	
			(to be used for future annual report notification)	
For further	information co	ncerning this matter, please o		
CARIN LE	E REPPERT		954 812-3325	
	Name of	Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the	following amount:		
□ \$25.00 j	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status Certified Copy (additional copy is enclosed)	
Reg Div P.O	ling Address: gistration Secusion of Cor Box 6327 lahassee, FL	porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2023 SEP 21 PM 5: 21

Zip Code

PTB PRODUCTIONS LLC	2023 SEP 21 PM 5
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000094602</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "I I C" on the about
Enter new principal offices address, if applicable:	3742 North Federal Highway #1083
(Principal office address MUST BE A STREET ADDRESS)	Lighthouse Point, FL 33064
Enter new mailing address, if applicable:	3742 North Endand III. I. Wasse
(Mailing address MAY BE A POST OFFICE BOX)	3742 North Federal Highway #1083 Lighthouse Point, FL 33064
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	iddress on our records, <u>enter the name of the new registered</u>
	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>	Name	Address	Type of Action
mgr	CARIN LEE REPPERT	3742 North Federal Highway #1083	
		Lighthouse Point, FL 33064	
			□Change
			□Add
			□Remove
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□ Rетюче
			□Change
			□Add
			□Remove
			□Change

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ecord specified.	es a delayed effective date, but not	an effective time, a	it 12:01 a.m. on the	earlier of: (b)	The 90th day after th
AUGU	Caun frem	2023			
	Signature of a n	ember or authorized	representative of a me	mber	
CA	UN LEE REPPERT				