L23000129868

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ALLAHASSET TÜLERÄA

2023 SEP 28 AM 7: 47



COVER LETTER

	gistration Se vision of Cor				
		luction 305 LLC			
SUBJECT:	Name of Limited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are subt	nitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
			FREDY SEGOVIA		
		· ·	Name of Person		
		Uı	nited Production 305 LLC		
			Firm/Company	-	
			16120 SW 54TH TERR		
			Address		
			MIAMI, FL 33185		
	City/State and Zip Code				
			productions305@gmail.com		
			to be used for future annual report	i notification)	
For further	information c	oncerning this matter, please ca	all:		
FREDY S	EGOVIA		305 613-697	76	
	Name o	f Person	Area Code Da	sytime Telephone Number	
Enclosed is	a check for th	ne following 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 Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED PRODUCTION 305 LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our record ited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Comp	oany were filed on 03/13/2023	and assigned
Florida document number 1.23000129868		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
UNITED PRODUCTIONS 305 LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 S
Principal office address MUST BE A STREET ADDRESS	5)	<u> </u>
		28 533
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		4.7
		<u></u>
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter</u>	the name of the new registere
agent and/or the new registered office address here:		<u> </u>
Name of New Registered Agent:		
Name Danistanad Office Address.		
New Registered Office Address:	Enter Florida street address	5
	rı.	orida
	City . FIG	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>	Name	Address	Type of Action
VP	Hector Cruz	900 SW 66TH AVE APT 6	[]Add
		MIAMI, FL 33144	≣Remove
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ffective date, if other than the date an effective date is listed, the date must be spoote: If the date inserted in this block document's effective date on the Department of the determinant of the determinant of the determinant of the date.	or thing: pecific and cannot be pri- pes not meet the appl ment of State's record	icable statutory fi ls.	ling requirements, s	fter filing.) Pursua this date will no	ot be listed a
I is filed.					
September 25	. 2023	- At	/		
		total.			

Filing Fee: \$25.00