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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future 🗻 annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANNA MACKO PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

MAY-0-5-2023.....

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ANNA MACKO PRODUCTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flooda Limited Liability Company)

(\triangle)	Fiorida Limited Li	(ability Company)				
The Articles of Organization for this Limited Liability Company were filed on 04/17/23 and assigned Florida document number L23000190332						
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liabil	lity company here:				
The new name must be distinguishable and contain the word	s "Limited Liabili	ty 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)		2880 W Oakland Park Blvd Suite 225C Oakland Park FL 33311				
	<u></u>					<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2880 W Oakland Park Blvd Suite 225C				
		Oakland Park FL 33311				
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ddress on our records, <u>e</u> s	iter the na	ime of the n	ew reg	gisterec
Name of New Registered Agent:	Northwest Registered Agent LLC					
New Registered Office Address: 7901 4th St N STE 300  Enter Florida street address					29	
•	St. Petersbu	irg City	. Florida <sub>-</sub>	33702 Zip Cod	.   E20	
New Registered Agent's Signature, if changing Reg	istered Agent:				, - Ļ	I
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete pred agent as printed agent as printed office of	performance of my dutie rovided for in Chapter 6	s, and Lan 05, F.S. O	n familiar w Fr. if <mark>th</mark> is do	cith an cumen	d

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
			□Add
			□Remove
			Change
· <del>·····</del>			
			□Remove
			[]Change
			[]Add
			□Remove
		Stortes Section 1907	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Chango

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 \_\_\_\_\_ 05/04 2023 Signature of a member or authorized representative of a member NAT SMITH Typed or printed name of signee

Filing Fee: \$25.00