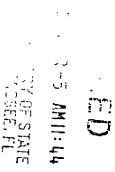
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	(Requestor's Name)	
	(Address)	
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	,	
	City/State/Zip/Phone #	-
	City/State/Zip/F110file #	•)
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)
-		
	(Document Number)	
Certified Copies	Cedificates	of Status
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Special Instructions to	Filing Officer:	

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FLORIDA CAPITAL COURIER SERVICES, IN 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	C
Please use funds from this account: 120210 Authorization Signature:	000160: \$25.00 Document #
Walk in	Pick up time
Mail out	Will wait
Certified copy of articles of Certificate of Status	AMMENDMENTS FLE
Profit Not for Profit Limited Liability Domestication Other CORP LLLP OTHER FILINGS	AMMENDMENTS X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
APOSTIL	Other

EXAMINER'S INITIALS:_____

5028418-92 WILL 14

COVER LETTER

	ation Section 1 of Corporations		
	n Bros Productions LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are sub	mitted for filing.	
Please return all o	correspondence concerning this matter	to the following:	
	Brandon Howard Porter		
	Twin Bros Productions LLC	Name of Person	
	24244	Firm/Company	
	3516 Henricua Street	·	
		Address (7)	• ()
	Jacksonville/Florida and 32	209	シ 言
		City/State and Zip Code	Ħ
	Brandonp4321@yahoo.com		
		n be used for fitture annual report notification)	
	nation concerning this matter, please ca		
Brandon Porter		904 2285935	
·····	Name of Person	at (
Enclosed is a chec	ck for the following amount:		
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
	Address:	Street Address:	
	ation Section	Registration Section	
	n of Corporations ox 6327	Division of Corporations The Centre of Tallahassee	
	ssee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Twin Bros Productions LLC					
(Name of the Lin	(A Florida Limite	nany as it now appears d Liability Company)	on our records.)		
The Articles of Organization for this Limited Florida document number 1.23000329367	Liability Compa	ny were filed on	2/2023	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	ability company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the des	signation "LLC" or the a	abbreviation "L.L.C."	-
Enter new principal offices address, if appl	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				-
				Ħ	-
					-
Enter new mailing address, if applicable:				4.) 	
(Mailing address MAY BE A POST OFFICE	E BOX)			क्षींट्र जे	• .
				公司 呈	- 'i
		"			- (
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	e address on our rec	ords, <u>enter the nan</u>	ne of the new replace	red
Name of New Registered Agent:	Brandon How	ard Porter			_
New Registered Office Address:	3516	Henrietta			_
	. ,	Enter Florid	a street address		
	Jacksonville		, Florida ³²	209	-
New Darrictaned Agent's Cineman 16 h		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 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> MGR	Name Brandon Howard Porter	Address 110 mm	Type of Action
	- This was to the	3516 Henrietta street , Jacksonnille, FL 32209	Add
			□Remove
		-	□Change
			□Add
			□Remove
			_ DChange
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		 	SDOM III
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Filing Fee: \$25.00