## L23000343581

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
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## **COVER LETTER**

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SUBJE	ביידי.	productions L.L.C.				
		Name of Lim	ited Liability Company			
The enc	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	ondence concerning this matter	to the following:			
		Hunter T				
			Name of Person			
		ZenBusiness INC				
			Firm/Company		~ 0	
336 E. College Ave Suite 301					SECRETA DIVISION OF 2023 AUG	
Address					H OF	
Tallahassee, FL 32301					G 28 PM 2: 33	
	City/State and Zip Code					
		fulfillment@zenbusiness.co			2: 33	
			to be used for future annual report noti	fication)	<i>؞</i> ، 🀱	
For furth	ner information	concerning this matter, please c	all:			
Hunter '	Γc/o ZenBusino	ess INC	844 493-6249 at ()			
	Name	of Person		e Telephone Number	<del></del>	
Enclose	Lis a check for t	the following amount:				
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Certificate of		
			(additional copy is enclosed)	Certified Cop (additional copy		
	Mailing Addre	ss:	Street Address:			
	Registration	Section	Registration Se			
	Division of C P.O. Box 63:		Division of Cor	-		
	Tallahassee.		The Centre of T 2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deranged.productions 1L.C.		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 07-20-2023	and assigned
Florida document number 1.23000343581		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Deranged productions LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	
		DIV 202
		SEGRE VISION (
Enter new mailing address, if applicable:		76 2 36 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Mailing address MAY BE A POST OFFICE BOX)		
		P POR S
		2: 3
<ol> <li>If amending the registered agent and/or registered of gent and/or the new registered office address here:</li> </ol>	office address on our records, enter th	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Decretord specifies a delayed effective d is filed.	ock does not meet partment of State	the applicable 's records.	statutory filing re	quirements, this	date will not	be listed as