

L23000442153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

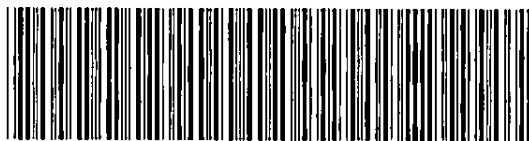
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200416563882

2023 OCT 10 PM 12:40

RECEIVED
2023 OCT 10 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT
10/10/23



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 10/10/23
Order #: 1288833-1
Re: UPPER EAST SIDE PRODUCTIONS LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed-please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

AUTH:

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2023 OCT 10 PM 12:40

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Upper Eastside Productions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kent Schwarz
Name of Person

Becker LLC
Firm/Company

354 Eisenhower Parkway Suite 1500
Address

Livingston, NJ 07039
City/State and Zip Code

kschwarz@becker.legal
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Matkou at (917) 388-0629
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 OCT 10 PM 12:40

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Upper Eastside Productions LLC

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

The Articles of Organization for this Limited Liability Company were filed on September 22, 2023 and assigned Florida document number L23000442153.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Upper East Side Productions LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven Landers	230 NE 4th Street, Apt. No. 1403,	<input checked="" type="checkbox"/> Add
		Miami, Florida, 33132.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Multiple horizontal dashed lines for amending information.

2023 OCT 10 PM 12:40

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 002:0207 (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 (i) The 90th day after the record is filed.

Dated 10/06/2023

Signature of a member or authorized representative of a member

Steven Landers

Typed or printed name of signer

Filing Fee: \$25.00