L23000458875

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co.			
SUBJECT:	CALL TO ACTION LL	C	
3000DCT		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Samson Elijah Mossallam Name of Person	
		CALL TO ACTION LLC Firm/Company	
		1120 Euclid Ave, 15	
		Address	
		Miami Beach, FL, 33139	
		City/State and Zip Code	
		sammossallam@gmail.com to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Samson Elijah Mossallam		at (660-0453
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration (Street Address Registration	
Division of C P.O. Box 632	Corporations	Division of C	Corporations
r.O. box 632	. 1	The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CALL TO AC	TION LLC	TOETOAN	10 PH 5:46
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears and Liability Company)	un our records.)	A ME
The Articles of Organization for this Limited Liability Compa.	ny were filed on	10/04/2023	and assigned
Florida document numberL23000458875			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company here	2.	
CALL TO ACTION I	PRODUCTIONS LLC		<u> </u>
The new name must be distinguishable and contain the words "Limited Lit	bility Company," the desi	ignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1120 Euclid	Ave, 15, Miami Beach,	FL 33139
Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:	<u></u>		
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic	e address on our rec	ords, enter the nam	e of the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
s of the regimered rigem.			
New Registered Office Address:	Fut-u Flowid	street address	
	Enter r toriat	i aireer aaaress	
		, 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 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
			□ Add
			Remove
			□Add
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in effective date is ote: If the date	f other than the date of s listed, the date must be spec inserted in this block does tive date on the Departme	ific and cannot be prior to s not meet the applica	date of filing or mo	(option of the control of the contro	filing.) Pursuant to 60	95.0207 (sted as t
record specifies is filed.	a delayed effective date, b	out not an effective tin	ne, at 12:01 a.m. or	n the carlier of: (b)	The 90th day aft	cr the
ated	01/03	,2024	_			
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Filing Fee: \$25.00