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COVER LETTER

Di	egistration Se ivision of Corp			-	• '
∦ SUBJECT		IVE PRODUCTIONS LLC			
SUBJECT	•	Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Terence Zito-McSwigin			
			Name of Person		
	Firm/Company				
		1304 Swift Creek Way			
			Address		
		Winter Springs, FL 32708			
		bingerlivelive420@gmail.c	City/State and Zip Code om		
		E-mail address: (to be used for future annual report noti	fication)	
For further	information co	oncerning this matter, please c	all:		
Terence Zi	ito-McSwigin		407 413-3923 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	e following amount:			
≅ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
**	alling Addrson		Canada A.d.J		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RINGER	LIVE	PRODI	UCTIONS	HC
DINCIER		rkun		

company has been notified in writing of this change.

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

	(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Florida document number L24000002531	Liability Company	were filed on 12/26/202	3	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: N/A					
A. If amending name, enter the new name	ment number L24000002531 ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." principal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new registered rithe new registered office address here: me of New Registered Agent: w Registered Office Address: M/A 1304 Swift Creek Way Winter Springs, FL 32708 Florida street address Winter Springs Florida 32708				
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbr	reviation "L.L.C."	
Enter new principal offices address if applicables		1304 Swift Creek Way			
		Winter Springs, FL 327	08		
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office :	Winter Springs, FL 327		of the new registered	
Name of New Registered Agent:	N/A				
Naur Pasintared Office Address	1304 Swift Cre	ek Way			
New Registered Office Address.	Enter Florida street address				
	Winter Springs	1	Florida 327()8	
		City	,	Zip Code 🕝 🗎	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete	performance of my du	ties, and I am fa	miliar with and	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
AMBR	Calcigh McClelland	1250 Chency Hwy Unit A	□ Ad d
		Titusville, FL 32780	■Remove
			☐ Change
			
			□Remove
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			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add :
			: ☐Remove
			☐ Change
			□Add
			□Remove

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Fffect	ive date, if other than the date of filing: (optional) ective 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 6	505 0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lent's effective date on the Department of State's records.	
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be !	isted as
Note: docum the red	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	isted as
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