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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Co			
Miasol Pro	ductions LLC	•	
SUBJECT:	· ·	• §	
	Name of Limited	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	ited for filing.	
Please return all correspond	ondence concerning this matter to	the following.	
	Andrea Lopez		
		Name of Person	
	Miasol Productions LLC		2021 APR 10 AM 8: 09 SECRETARY OF STATE
		Firm/Company	13 THE REPORT OF THE THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPOR
	2475 Brickell Ave apt 2209		語言
		Address	海军
	Miami, FL 33129		9: 09 F. F. F. F.
	andrealome2@gmail.com	City/State and Zip Code	, (11)
	E-mail address: (to b	e used for future annual report notification)	
For further information of	concerning this matter, please call:		
Andrea Lopez		786 327-7823	
Name	of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		

Mailing Address:

**■** \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**☎** \$30.00 Filing Fee &

Certificate of Status

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miasol Productions LLC	
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 3/22/24 and assigned
lorida document number	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	2
_	2024 APR SECRET
	APR APR
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
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	<u> </u>
3. If amending the registered agent and/or registered office addre	ss on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Vite Zin 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>	<u>Name</u>	Address	Type of Action
MGR	Andrea Lopez	2475 Brickell Ave apt 2209 Miami, FL, 33129	
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ffective date, if other than the date of an effective date is listed, the date must be spec	ific and cannot be prior to date	of filing or more than 90 days aft	<b>tional)</b> ter filing.) Pursuant to 605,020
(ote: If the date inserted in this block doe ocument's effective date on the Departme	s not meet the applicable st nt of State's records.	atutory filing requirements, the	nis date will not be listed a
·			
record specifies a delayed effective date, b l is filed.	out not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
Friday March 22nd, 2024	Miami, FL		
ated	·		
	re of a member or authorized n		