## L24000210730

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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10/28/24--01012--005 \*\*25.30



## **COVER LETTER**

TO:

Registration Section

Division	of Corporations							
	ty Lake Productio	ns LLC						
SUBJECT:		Name of Lim	nited Liability Con	npany				
		nt and fee(s) are sub	_					
	David	Murack						
			Name of F	erson				
	Pretty	Lake Productions L	.LC					
			Firm/Con	npany				
	2506 1	Ringling Blvd						
			Addres	SS				
	Saraso	ota FL 34237						
			City/State and	Zip Code		<del></del> -		. 2
	dmurac	k@gmail.com					<u></u>	2074-001
		E-mail address: (	(to be used for futt	ure annual	report notif	ication)	ΞĒ	
For further inform	nation concerning	this matter, please c	all:				2	200
David Murack			630 at (	93	6-6933			
	Name of Person		Area (	Code	Daytime	: Telephone	-	<del>-</del> 12
Enclosed is a cher	ck for the followin	g amount:						
■ \$25.00 Filing		00 Filing Fee & rtificate of Status	S55.00 Fi Certified (additional			(	60.00 Filing Certificate of Certified Copy additional copy	Status &
Registr Divisio P.O. Bo	Address: ation Section in of Corporation ox 6327 issee, FL 32314			Divisio The Ce 2415 N	ation Sec n of Corp ntre of T	oorations allahasse Street, S		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

appears on our records.)
on 05/06/2024 and assigned
any here:
y," the designation "LLC" or the abbreviation "L.L.C."
SECRET SECRET
<u> </u>
our records, enter the name of the new regist
nter Florida street address
, Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MGR	Allison A Hoppe		
			□Remove
			<b>≡</b> Change
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			Add CT 29 Remove
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ive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of filing or more than?  If the date inserted in this block does not meet the applicable statutory filing require	
nent's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earled.	arlier of: (b) The 90th day after
October 22 2024	

Typed or printed name of signee