LZYCC "

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	

Office Use Only



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TO: .	Reg Divi	istration Sect ision of Corpo	ion orations		
CHD 1154	ĊТ.	Spence Bros l	Productions LLC		
SUBJE	C E i	·-····································		led Liability Company	
			mendment and fee(s) are subn	_	
			Tyler Spence		
				Name of Person	
			SPENCE BROS PRODUCT	TIONS LLC	
				Firm/Company	
			594 ABERDEEN CT		
				Address	
			ORANGE PARK, FLORID	A 32073	
				City/State and Zip Code	
			SpenceBrosProductions@gm		
			E-mail address: (to	be used for future annual report not	ification)
For furth	ner in	formation con	cerning this matter, please cal	ll:	
Tyler Sp	ence			904 891-4968 at ()	
		Name of P	'erson	Area Code Daytin	ne Telephone Number
Enclosed	d is a	check for the	following amount:		
\$25.	.00 F	iling Fœ	☐ \$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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

now appears on our records.) Company)	············
led on August 21st 2024	_ and assigned
mpany here:	
pany," the designation "LLC" or the abbrev	viation "L.L.C."
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	(.) (.)
on our records, <u>enter the name o</u>	f the new reg
· · · · · · · · · · · · · · · · · · ·	
Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Zip Code
	on our records, enter the name of Enter Florida street address

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>	Name	Address	Type of Action
AMBR	DYLAN J SPENCE	594 ABERDEEN CT ORANGE PARK, FL 32073	🛢 Add
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			Change
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Offectiv	ve date, if other than the date of fili	AUGUST 26th	2024	(a.42 - 1)	
fan effed	ctive date is listed, the date must be specific a	and cannot be prior to da	ate of filing or more than 90 da	_ (optional) ays after filing.)]	Pursuant to 605.0207
iocume:	f the date inserted in this block does not nt's effective date on the Department of	f State's records.	statutory filing requireme	ms, this date w	rill not be listed as
record d is file	specifies a delayed effective date, but n d.	ot an effective time,	at 12:01 a.m. on the earlie	rof: (b) The	90th day after the
	1 inuct 21 u	0			
Dated _	A ugust 26th	<u>, 2024</u> .			
	~ Inda for	e. e /			
	D 77 - 1 1/41		I representative of a member		

Typed or printed name of signee