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PRESUME TO CONTRACT

FEB 04 S. PRATHER



December 10, 2024

MIDHEAVEN PRODUCTIONS, LLC 21205 NE 37TH AVE APT 1405 AVENTURA, FL 33180

SUBJECT: MIDHEAVEN PRODUCTIONS, LLC

Ref. Number: L24000376547

We have received your document for MIDHEAVEN PRODUCTIONS, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLOIRDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

JAN 0 1 2025

Letter Number: 024A00026778

## **COYER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: MIDH	EAVEN PRODUCT	TIONS, LLC	
SODOLOT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Harce	elo Lemos	
		Name of Person	
HINHEAUEN PRODUCTIONS, LLC  Firm Company  21205 NE 37 HAVE APT 1405  Address  A VENTURA FL 33180  City/State and Zip Code  Marcelo. lemos @ out look. com.  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marcelo Lemos at (954) 804-3809  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy  (additional copy is enclosed)			
	21205 NE	37 HAVE APT Address	1405
	Aventu	City/State and Zin Code	80
	Marcelo. le	emos @outlook	C. COM-
For further information co	ncerning this matter, please ca	all:	
	emo;	ar (954) 804	1-3809
Name of	Person	Area Code Day	time Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address Registration Se Division of Co P.O. Box 6327	ection orporations	Street Address Registration Division of C The Centre o	Section
Tallahassee, F			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIDHEAVEN PRODUCTIONS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on August 27 <sup>+1</sup> & 24 and assigned Florida document number <u>L 2 4000 376 5 4 7</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
<del></del>
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:
New Registered Office Address:  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.

Ciw

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	Adriana G. House de	21205 NE 37th AVE APT1405 AVENTURA, FL 33 180	□ Add
	Lemos		<b>⊠</b> Remove
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