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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 625 Productions LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nathan Lorch Name of Person	
625 Productions, LLC Firm/Company	
1021 Bay Breeze Terr	
City/State and Zip Code nathan or cho vahor con E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (818) 355-9307 Area Code Daytime Telephone Nu	mbac
Aca code Daytime reteptione Nu	moei
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Certified Copy	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)

Mailing Address:

TO:

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

625 Producti	
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L24006414590</u>	Company were filed on Sept 23, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	DRESS)
(Mailing address MAY BE A POST OFFICE BOX)	
(maining dualities man) DE (1,1 OS) OF 1 TOE BOTY	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registere</u> g:
Name of New Registered Agent:	
New Registered Office Address:	Enter 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.

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	Nathaniel Larch	1021 Bay Breeze Terr	⊠Add
		Large, FL 33770	□ Remove
			□Change
AMBR Milan Ferreira	Largo, FL 33770		
	Lago, FL 33770	□Remove	
		□Change	
		🗆 Remove	
			□Change
			□ Add
			□ Remove
		□Change	
			🗆 Add
		□Remove	
		□ Change	
		🗆 Add	
		□ Remove	
			Change

	
(If an e Note:	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Dec 4, 2024 1. 11:57 am
	Matter Kal
	Signature of a member or authorized representative of a member