

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000416868 3)))



H240004159583ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : 120110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ediar @ vichards - law. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INGENIO PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INGENIO PRODUCTIONS LLC		1	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r.records.)	·- 	
The Articles of Organization for this Limited Liability Company were filed on 12/11/202 Florida document number 1.24000515126		and as:	signed
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	in "LLC" or the abl	breviation "L	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:		2024 (
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>	
TETATING GALLESS MAT BL A FUST OFFICE BOX		9	
B. If amending the registered agent and/or registered office address on our records, agent and/or the new registered office address to our records,) anton the many		
agent and/or the new registered office address here:	l	ine new	registered
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			 -
Enter Florida street	address		
	, Florida	1	 -
New Registered Agent's Signature, if changing Registered Agent:		Zip Code	
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my duti accept the obligations of my position as registered agent as provided for in Chapter being filed to merely reflect a change in the registered office address, I hereby conficompany has been notified in writing of this change.	ies, and I am fa 605 FS Ov. ii	miliar witl	and

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 = N AMBR = A	lanager authorized Member				
<u>Title</u>	Name	Address	Type of Action		
MGR	LILIANA MORENO	2665 SOUTH BAYSHORE DR. SUITE 703			
		MIAMI, FL 33133	TRemove		
-			□Add		
			CRemove		
			□Change		
 -					
			│ □Remove		
			Change		
			iJAdd		
			☐ □Rcmove		
			□Change		
	·		_ □Add		
			□Remove		
			Change		
			C Remove		
			DChange		

Filing Fee: \$25.00