

L10 0000 5725Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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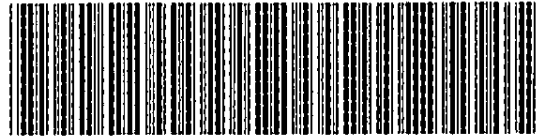
(Business Entity Name)

(Document Number)

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SEP 04 2020 10:00 AM  
STATE OF CALIFORNIA  
RECORDS MANAGEMENT

FILED

OCT 18 2020  
T. L. WILSON

August 31st, 2020

Florida Department of State -Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

**COVER SHEET FOR AMENDMENT OF LIMITED LIABILITY COMPANY**

Name: **ENT LIVE L.L.C**

Doc #: L10000057252

EIN: 84-3169281

Fee included: \$60.00 (Filing fee, Certificate of Status & Certified Copy of Articles of Organization)

**CONTACT INFO:**

Monique Williams - Manager

Phone: 786-286-9946

Email: [molawilliams@gmail.com](mailto:molawilliams@gmail.com)

Return Address: P.O. Box 360146 Tampa, FL 33673

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENT LIVE L.L.C.**

\_\_\_\_\_  
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:

Monique Lacle Williams

\_\_\_\_\_  
Name of Person

ENT LIVE L.L.C.

\_\_\_\_\_  
Firm/Company

401 East Jackson Street suite# 2340

\_\_\_\_\_  
Address

Tampa, FL 33602

\_\_\_\_\_  
City/State and Zip Code

molawilliams@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Lacle Williams

786 286 - 9946

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$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  
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**

ENT LIVE L.L.C.

(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 05/27/2010 and assigned Florida document number L10000057252.

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)**

401 East Jackson Street

Suite #2340

Tampa, FL 33602

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O Box 360146

Tampa, FL 33673

**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: Kelley M. Lamb

New Registered Office Address: 22946 SW 105TH AVENUE  
*Enter Florida street address*

CUTLER BAY, Florida 33190  
*City Zip Code*

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Monique Williams	401 East Jackson Street	<input type="checkbox"/> Add
		Suite #2340	<input type="checkbox"/> Remove
		Tampa, FL 33602	<input checked="" type="checkbox"/> Change
MGRM	Tommy Thompson	19755 N.W. 33rd Ct	<input type="checkbox"/> Add
		Miami Gardens, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Devon Goodman	19755 N.W. 33rd Ct	<input type="checkbox"/> Add
		Miami Gardens, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 27th, 2020

Handwritten signature of Monique Lacole Williams

Signature of a member or authorized representative of a member

Monique Lacole Williams

Typed or printed name of signee