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## **COVER LETTER**

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Tallahassee, FL 32314

	Registration Se Division of Cor						
eub irc		MUSEMENTS, LLC					
SUBJEC	1:	Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		STEVEN M KRAFT					
			Name of Person	<del></del>			
		STEVEN M KRAFT & A	SSOC PA				
		<del></del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		7050 W PALMETTO PAR	RK RD #15-277				
		<del></del>	Address	<del></del>			
		BOCA RATON, FL 3343.	3				
		<del></del>	City/State and Zip Code				
		SKRAFTPA@AOL.COM	to be used for future annual report no	tification)			
Car furth	e information o	oncerning this matter, please of		Arreations			
roi iuitiic	a miorination c	oncerning this matter, piease co					
STEVEN	M KRAFT		954 7550558 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed	is a check for th	ne following amount:					
<b>■ \$2</b> 5.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations				
	P.O. Box 632	•	The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ...

##1 167 19 AH 6: LB

				11 6-49
UNITED AMUSEMENTS, LLC		<u> </u>		
(Name of the Limited (A	Liability Comp Florida Limited	any as it now appears o Liability Company)	n our records.)	,
The Articles of Organization for this Limited Liab Florida document number 1.10000103612		y were filed on 10/04	/2010	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited lia	bility company here	:	
			_	
The new name must be distinguishable and contain the word	Is "Limited Liab	ility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3462 N BURROUGHS PATH		
		BEVERLY HILLS, FL 34465		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3462 N BURROU BEVERLY HILLS	<del></del>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		address on our reco	ords, <u>enter the nam</u>	e of the new registo
Name of New Registered Agent:	- No	CHANGE-		
New Registered Office Address:	3462 N BURF	ROUGHS PATH		
·		Enter Florida	street address	
	BEVERLY H	ILLS	, Florida _ <sup>34</sup>	165
		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>	Address #EFHAT 19 #M 6:48	Type of Action
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		BEVERLY HILLS, FL 34465	□Remove
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an effe	etive date is liste	d, the date must be	specific and	l cannot be pr	ior to date of	`filing or moi	re than 90	days after f	iling.) Pursua	int to 605.0207
		ted in this block late on the Depa				atory filing	requirent	ents, this	date will no	of be listed as i
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Filing Fee: \$25.00