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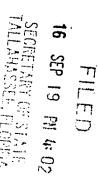
(Requestor's Name)	.
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations	* • · · ·			
Manga Fus	higi LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	David Winter			5일 6	
		Name of Person		SEP	-17
		Firm/Company		19	FILEU
	4307 Ravinnia Dr.			PH 4: 02 F STATE FLORIDA	ر.
		Address		2 S	
	Orlando/Florida 32809				
	zethurentertainment@gmail	City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
David Winter		407 459-9463 at ()			
Name o	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	-
	JNG ADDRESS: ration Section	STREET/COURI Registration Section			
Divisio	on of Corporations ox 6327	Division of Corpor Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Manga Fushigi LLC		
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records,)
The Articles of Organization for this Limited Liabi	ility Company were filed on 09/11/2	and assigned
Florida document number L15000155249	•	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Zethur Entertainment LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	FILLE D SECRETARY OF STANLLAHASSEE, FL
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida
•	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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> □ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

create new experiences for the	world to enjoy.		
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: If the date inserted in this blo	late of filing: be specific and cannot be prior to date ck does not meet the applicable sta	atutory filing requirements, thi	onal) r filing.) Pursuant to 60
record specifies a delayed ne 90th day after the reco	effective date, but not an erd is filed.	effective time, at 12:01 a	a.m. on the earlie
od September 13	2016		
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Page 3 of 3

Filing Fee: \$25.00