

L180000 28019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

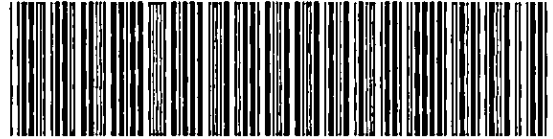
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status X

Special Instructions to Filing Officer:

Office Use Only



700343256997

05/05/20--01009--007 **30.00

FILED
2020 MAY -5 PM 1:13

Amend/CFE

MAY 21 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GPLT Entertainment 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:

Grant Lewis
Name of Person

GPLT Entertainment LLC
Firm/Company

1341 Branch Hill Ct
Address

Apopka FL 32712
City/State and Zip Code

deboles.lewis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Grant Lewis at (407) 520 0833
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

GPLT Entertainment LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 MAY -6 PM 1:13
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/5/19 and assigned Florida document number L 18 0000 28019.

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)

1341 Branch Hill Ct
Apopka, FL 32712

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1341 Branch Hill Ct
Apopka, FL 32712

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: Grant D Lewis

New Registered Office Address: 1341 Branch Hill Ct
Enter Florida street address

Apopka, Florida 32712
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.


Grant D Lewis
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>
<u>MGR</u>	<u>LEWIS, Grant</u>	<u>13411 Branch Hill Ct</u>	<input type="checkbox"/> Add
		<u>Apopka, FL 32712</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Terry, Patrick R</u>	<u>4424 Truscott Pkwe</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32817</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<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.)*

Lined area for amending information with 20 horizontal lines.

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 May 15th 5/11/20, 2020

[Handwritten signature]

Signature of a member or authorized representative of a member

Grant D Lewis

Typed or printed name of signer