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COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	DEZER NINJ	A ENTERTAINMENT LLC			
Name of Limited Liability Company					
The enclosed	l Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	ence concerning this matter to	o the following:		
		DAVID H. REIMER			
			Name of Person		
			Eim/Company		
Firm/Company					
18001 COLLINS AVENUE, 31ST FLOOR					
		4.000	Address		
		SUNNY ISLES BEACH, FI	L 33160		
			City/State and Zip Code		
		LEGALADMIN@DEZER.C			
		E-mail address: (to	be used for future annual report notificat	ion)	
For further in	nformation con	cerning this matter, please cal	ll:		
DAVID REI			305 932-1000 at ()		
	Name of Po	erson	Area Code Daytime Tel	lephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling 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)	

Registration Section

TO:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEZER NINJA ENTERTAINMENT LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 02/23/2018	and assigned
Florida document number L18000049634	······································	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
DEZERLAND PARK LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation, L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	1
Principal office address MUST BE A STREET ADDRESS)		Sing the state of
		70
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		CD '
B. If amending the registered agent and/or reginered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddre	ess
		lorida
	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	Type of Action
MGR	MALKA LIVINGSTON	14401 NE 20 LANE	
		NORTH MIAMI, FL 33181	■ Remove
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record specifies a delayed		n effective time, at 12:01	a.m. on the	earlier
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Filing Fee: \$25.00