L19000197250

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(Address)
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COVER LETTER

TO: Registration Sect Division of Corpo		<u>.</u>	. ,		
SUBJECT:	fter hours 1	ENT LLC nited Liability Company	<u></u>		
	Name of Lin	niced Elabinity Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	- Giantron	co Villalba			
	۸ -	Name of Person			
	After	HOURS ENT,	LLC		
	4421	Clinton Blud			
		Address	0.00	153	٠.
	Lake	Worth, PL, 3 City/State and Zip Code	3 461	?o =	:-
	Afterhours en	City/State and Zip Code tertwin ment LLC @ g to be used for future annual report noti	mei.l. com fication)	5 5 3	
For further information con-	cerning this matter, please c	all:		=	#i : : : : : : : : : : : : : : : : :
Gianfranco	Villalba	at (561) 460	- 4268	51:11KV	VATIOHS TALE
Name of Po	erson	Area Code Daytim	e Telephone Number		Q.
Enclosed is a check for the	following amount:				
⅓ \$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 of 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



FLORIDA DEPARTMENT OF STATE

August 4, 2020

GIANFRONCO VILLALBA AFTER HOURS ENT, LLC 4421 CLINTON BLVD LAKE WORTH, FL 33461

SUBJECT: AFTER HOURS ENT, LLC

Ref. Number: L19000197250

We have received your document for AFTER HOURS ENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 320A00014572

Please Cull for Questions / I am amending MGR's

561-460-4268 / to my LLC, After hours Ent

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION · OF

4		المتعارين المسرا
Afterhau	B Ent. LLC	
(Name of the Limited Liab (A Flori	pility Company as it now appears on our ida Limited Liability Company)	r records.)
		0.1.0
The Articles of Organization for this Limited Liability		and assigned
Florida document number <u>L19000197-150</u>	<u>) </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		**************************************
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
P. If amonding the registered egent and/or registered	rod office address on our records	anton the name of the new west-to-
B. If amending the registered agent and/or register agent and/or the new registered office address here		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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 Title **Name** Address Type of Action Mark Andres Jirtian 2035 Linton Lake Dr. APT D MAdd MGR Delray Beach, FL, 33445 _ 🗆 Remove MGR Ryan Bukovich 9418 Aggean Drive, Sadd _____ Change □Add ☐ Remove _____ □Add ___ □Remove _____ Change _____ □Remove _____ Change ____ □Add _____ □Remove _____ Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	6-15-2020
	Signature of a member or authorized representative of a member
	2 2 2 1 1 1 1 1

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Filing Fee: \$25.00