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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DNX 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:
Name of Person
DNX ENTERTAINMENT LLC Firm/Company
3104 WOOD ROSE WAY
DELTONA / FLORIDA 32725 City/State and Zip Code
DNXENTERTHINMENTLLC & GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vose Garibaldi at (407) 452-2209 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \&\Certificate of Status \$\Bigcup \Certificate of Status \&\Certificate of

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DNX ENIEL	ZIAINMENI L	
(<u>Name of the Limited Liab</u> (A Flori	<u>ility Company as it now appears on ou</u> ida Limited Liability Company)	r records.)
The new name must be distinguishable and contain the words "L	Company were filed on	UE 28, 201 Fand signed n
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	on "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office at		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose J. GARIBALDI	3104 Wood Rose WAY	# Add
		3104 Wood ROSE WAY DELTONA /FLORIDA 32725	Remove
			☐ Change
AMBR	Jose J. GARIBALDI	3104 Wold Rose WAY Deltona /Florida 32725	Add
		Deltona / FLORIDA 32725	Remove
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Note: If the date	other than the da histed, the date must be inserted in this block ive date on the Depa	k does not me	eet the applica	o date of filing o ble statutory fi	r more than 90 day ling requirement	(optional) s after filing.) I s, this date w	Pursuant to 605 ill not be liste	,0207 (ed as tl
	ifies a delayed e after the recor		ate, but not	an effectiv	e time, at 12:	01 a.m. o	n the earlie	er of:
	une 30) <u> </u>	2017	7				
Dated			A [1]	1.				
Dated		ghature of a m	ember of autho	fized representa	ive of a member			

Page 3 of 3

Filing Fee: \$25.00