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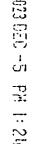
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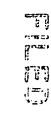
Office Use Only



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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
CUDIE	Guil	Termo FNTer	tainment LL	•
20BJE	.C1:	Name of Lim	ited Liability Company	<del></del>
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Guille	Name of Person	
		Guilleri	o Entertain	1ent LLC
			Firm/Company	
		1480 NW	N. RIVEY DY Address	suite 1511
		Miami E	City/State and Zip Code	
		Deltar	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	her information co	ncerning this matter, please ca		,
_G	Will-armo Name of l	Morales Person	at (776) 7/7	- 1794
	Name of 1	CISOH	Alea Code Bayunk	reichione runioci
Enclose	ed is a check for the	following amount:		
\$2:	5.00 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:		Street Address:	
	Registration Se Division of Co		Registration Sec	
	P.O. Box 6327	i porations	Division of Cor The Centre of T	•
	Tallahassee, FI	L 32314		Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(ghillermo tiv		
(Name of the Limited Liability (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L21000350355</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limi	<u>)</u> .	2/03/2021 and assigned
-		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		73 0 0 11
(Principal office address MUST BE A STREET ADDR	<u> </u>	1 1/2 122211
		<b>3</b>
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 address here:	d office address on our record	is, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet 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

<u>Title</u>	Name	Address	Type of Action
			□Remove
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		<del></del>	□ Remove
			□Change
	<del></del>		
			□Remove
			□Change
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		Remove	
	<del></del>		□ Add
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	inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e recor	d 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 ed.
Dated .	11/27/2023
	Signature of a member or authorized representative of a member
	Guillirmo Morales
	Canillarno Movale