04/22/2019 Division(0	11:16 (197 AEEER DODSONB	PAGE 01/04 Pagel of 1
	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	_
	H190001308393ABC1	
	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
	To: Division of Corporations Fax Number : (850)617-6383	
KX Please	From: Maria Velez Account Name : PLANET HOLLYWOOD INTERNATIONAL, 1 Account Number : I2030000100 Phone : (407)903-5513 Fax Number : (407)352-7310 Fax Confirmation document to be used for fut	
	annual report mailinge. Enter only one email address please.** Email Address: <u>MVELEZ@earlenterprise.com</u>	
5) 5.	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIXOLOGY (ORLANDO), LLC	• .
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Electronic Filing Menu Corporate Filing Menu

Help

4/23/19:05

H190001308393

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mixology (Orlando), LLC (<u>Name of the Limited Llability Company as it now appears on our record</u> (A Florida Limited Liability Company)	<u>.</u>)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{3/25/2008}{2}$		_ and assigned
Florida document number This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability company here</u> :	51	~2
Mixology (LAX), LLC		2019
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	NSS.	1 22
(Principal office address MUST BE A STREET ADDRESS)		
		2
Enter new mailing address, if applicable:	×.	م
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	enter the	name of the ne
Name of New Registered Agent:		

	Ciţv	Zlp Code
		lorida
	Enter Florida stren addre	
New Registered Office Address;		
Name of New Registered Agent:		

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

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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			H1900013083 9 3
<u>Title</u>	Name	Address	Type of Action
			Q Add
		•	Change
			🖸 Add
			П Ксточе
			Add Change Add Add Change Add Change Add Change Change Change Change Change Change
			Change
			C Remove
			Change
			Q Add
			П Remove
			Change
			Add
			Change

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ending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.) H1900
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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)(h)

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 April 22	2019
Signary	e of a member or authorized representative of a member
Thomas Avallone	

Typed or printed name of signce

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Filing Fee: \$25.00