L0900063363

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Registration Section Division of Corporations

TO:

Lyn Entert SUBJECT:	ainment, LLC			
SUBJECT.	Name of Lin	nited Liability Company		
				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ivan Parron, Esq.	·		
		Name of Person	.	
	Parron Law			
		Name of Person Firm/Company et, Suite 1210 Address O City/State and Zip Code m I address: (to be used for future annual report notification)		
	175 SW 7th Street, Suite 1	210		
	Address			
	Miami, FL 33130			
		City/State and Zip Code		
	ip@parronlaw.com	to he used for future annual report notific	notion)	
			zation)	
For further information c	oncerning this matter, please c	all:		
Ivan Parron, Esq.		305 851-2320 at ()		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
\$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 & Certified Copy (additional copy is enclosed)	

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

Lyn Entertainment, LLC				
(Name of the Limit	ted Linbility Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)	_
The Articles of Organization for this Limited L Florida document number L09000063363	iability Company	y were filed on 06/30/2009	and	assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited lial	bility company here:		
The new name must be distinguishable and contain the w	vords "Limited Liab	ility Company," the designation '	'LLC" or the abbreviation	"L.L,C."
Enter new principal offices address, if applic	able:	-NA.		<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	-NA -		
B. If amending the registered agent and/ registered agent and/or the new registered of			ords, enter the nam	ne of the new
Name of New Registered Agent:		NA-	An 85 85	
New Registered Office Address:	175 SW 7th St	reet, Suite 1210	ms Ms	>> []:
Ton Registered Office Fiduless.		Enter Florida street a	ddress	
	Miami		33130	
		City	, Florida 33130 = Zip Co	de F

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 lipbility company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			☐ Change
			Add
			□ Remove
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effective date is listed, the date must e: If the date inserted in this blo ument's effective date on the De	ck does not meet the	e applicable statut	ling or more than 90 d ory filing requireme	ays after filing.) I ents, this date w	'ursuant to e ill not be l	isted as
record specifies a delayed ne 90th day after the reco		but not an effe	ective time, at 1	2:01 a.m. o	n the ea	rlier of
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,	Signature of a prember	De authorized repre	sentative of a member	Γ		

Page 3 of 3

Filing Fee: \$25.00