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COVER LETTER

Division of Corporations
SUBJECT: Ni-Cola Entartainment, 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:
NICOLA CUTI Name of Person
Ni-cola Entartainmant, LLC
6711 Timbarcova Lana Address
Naw Port Richay, FL 34653 City/State and Zip Code
Spaca Opava O Yahoo COM E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Nicola Cut? at (727) 847-5302 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee U \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Nº1-cola Entartainment, LLC

(Name of the Limited Liabi (A Florid	lity Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability of Florida document number <u>L100003870</u>	Company were filed on April	19,2010 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
D. If a second second second second second				
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the new		
Name of New Registered Agent:		To the same		
New Registered Office Address:	Enter Florida si	reet address		
	, Florida			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent	t and agree to act in this capa	city. I further agree to comply with the		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address	Type of Action
<u>COO</u>	Nicoma Edelstein		_D Add
		6613 Harray St. ORLANDO, FO	Remove
		32001	□ Change
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ctive date, if other than the date of filing:	(4	optional)	27
effective date is listed, the date must be specific and cannot be prior to date of in If the date inserted in this block does not meet the applicable status innert's effective date on the Department of State's records.	filing or more than 90 days	after filing.) Pursuan	t to 605. be liste
ecord specifies a delayed effective date, but not an eff ne 90th day after the record is filed.	ective time, at 12:0	01 a.m. on the	earlie
SEPTEMBER 5,2016)		
ne 90th day after the record is filed.			

Page 3 of 3

Filing Fee: \$25.00