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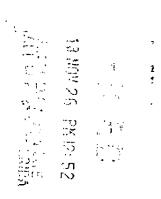
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## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Trent Ent 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:

# **Jason Hamilton Mikes**

Name of Person

Hamilton Mikes, P.A.

Firm/Company

711 5th Ave. South #212

Address

Naples, FL 34102

City/State and Zip Code

Jason@Hamiltonmikes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Jason Hamilton Mikes

239 594-7227

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the 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

Trent Entertaine	nent, L	<u> </u>			
( <u>Name of the Limited Li</u> (A F	<b>ability Compan</b> orida Limited L	y as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on 3/2/11	a	nd assig	ned
Florida document number LIVOCO 21.305	5				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	na limitad liahi	ility company hores			
A. If amending hatte, enter the new hatte of the	ae minteu nabi	mity company nere:			
The new name must be distinguishable and end with t	he words "Limit	ted Liability Company "the	designation "LLC" a	or the ahl	 breviation
"L.L.C."			acoigination 250	, me ac.	3.0
Enter new principal offices address, if applicab	le:	711 5th Ave. South			
(Principal office address MUST BE A STREET ADDRESS)		Suite 212			
		Naples, FL 34102		- 1.73	
		<del></del>	7,,		<u> </u>
Enter new mailing address, if applicable:		711 5th Ave. South	100 - 100 -	· >	
(Mailing address MAY BE A POST OFFICE BO	OX)	Suite 212	-	 m	
		Naples, FL 34102	* - **	7	1.
				្មា	• • •
B. If amending the registered agent and/or	-		ords, <u>enter the</u> n	ame of	the new
registered agent and/or the new registered office	e address here	<u>e:</u>			
Name of New Registered Agent:	Hamilton Mikes, P.A.				
	711 5th Ave	e. South #212	**		
New Registered Office Address:	Enter Florida street address				
	Naples		, Florida <u>34102</u>		
	· tupioo	City	, r iorida <u>5 i 192</u> Zij	n Code	<del></del>
New Registered Agent's Signature, if changing Reg	gistered 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			<del></del>
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			Remove
			Kentore
		<del> </del>	
			Add
			Remove
		Secret West of Control Control	Add
			Remove
		<del></del>	
			Add
			Remove
		<u> </u>	
			Add
			Kanove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	NOVEMBER 22. 2013.
	to the last
	Signature of a member of authorized representative of a member
	Jason Hamilton Mikes  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00