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DIVISION OF CORPORATION

JUN 18 2015

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COVER LETTER

TO: Registration Se *Division of Cor		•
SUBJECT: KO	R ENTERTAINME	ENT, LLC
Dobblett		mited Liability Company
The enclosed Articles of	Amendment and fee(s) are sul	hmitted for filing
	•	·
Please return all correspo	ondence concerning this matter	r to the following:
	AST	Jame of Person
	Anderson, A	zeredo & Lioce CPAS & Associates Firm/Company
	749 US Hig	ghuay 1, Suite 100
	North Palm	City/State and Zip Code
	Frantdesk	(to be used for future annual report notification)
For further information c	oncerning this matter, please of	call:
Ashley		at (501) 8444431 ext 201
O Name o	f Person	Area Code Daytime Telephone Number
•		
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

HOR ENTERTAIN		
(Name of the Limited Li (A Fl	ability Company as it now appears or orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabili Florida document number <u>L11</u> 0000947(ty Company were filed on8	117/2011 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here	:
HARD KOR ENTER	TAINMENT, LLC	•
The new name must be distinguishable and contain the words		
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AI	DDRESS)	<u> </u>
		· · · · · · · · · · · · · · · · · · ·
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
		·
B. If amending the registered agent and/or r	egistered office address on o	our records enter the name of the nev
registered agent and/or the new registered office		ar records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido	street address
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	•	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of m nd agent as provided for in Cha tered office address, I hereby age.	y duties, and I am familiar with this apter 605, F.S. Or Ethis abcument is confirm that the finited limited limit of CORPORTION OF SEE
	11 Changing Registered Agen	t, Signature of New Revisiered Agent
	Page 1 of 3	*

Name		
	Address	Type of Action
	-	□ Add
		□ Remove
		Change
-		Add
		□ Remove
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	 -	Remove
		☐ Change
		Add
		□ Remove
		☐ Change
		Add
		SECRETARY OF STATE NOT SECRETARY OF STATE SE

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necess			
_				
			 	
			<u> </u>	
Note: If	date, if other than the date of filing:	i al) ling) Pursuar late will not	nt to 605.020 be listed a:	7 (3 s th
	d specifies a delayed effective date, but not an effective time, at 12:01 a.n Oth day after the record is filed.	n. on the	earlier o	f:
Dated	June 12 , 2015	SECI FALL <i>I</i>	DIVISIO JUSIVIG	SECR
	Signature of a member or authorized representative of a member	全部を	ION OF	Æ [A]
		ARY C	7	اند ا
	Patricia Burns	<u></u>	PR.	\subseteq
	Patricia Burns Typed or printed name of signee	OF STATE E. FLORIDA	ORFORATIO -AM 8: 3 0	0F ST

Page 3 of 3

Filing Fee: \$25.00