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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:		TAINMENT, LLC nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Roha	Name of Person	
		Firm/Company	
	(0084 Ada	iatic Way	
	West Palm E	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	ation)
For further information co	ncerning this matter, please co	all:	
Rohan Name of	Roache		- 8215 Telephone Number
Enclosed is a check for the	e 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

SIQ ENTERTAINMENT, LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on Doombox 29, 1 Florida document number <u>L11000144970</u>	<u>a0</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:  Ethan Lina Tryestments, LLC.  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the answer of the limited Liability Company," the designation "LLC" or the answer of the limited liability Company, "the designation "LLC" or the answer of the limited liability Company," the designation "LLC" or the answer of the limited liability Company, "the designation "LLC" or the answer of the limited liability Company here:	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address  Florida	2 AH 9
City	> Zip Code
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

## 11 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	date, if other than the date of filing:
the date this	document is filed by the Florida Department of State)
the date this	September 30 2014
the date this	document is filed by the Florida Department of State)

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Filing Fee: \$25.00

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