# L12000007546

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Soundsational Event Entertainment 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:
JACH A. YAGER II  Name of Person
Soundsational Event Entertainment Firm/Company
937 Battery Pointe Dr Address
Orlando, FL 32828 City/State and Zip Code
<u>jach@Orlando Eventalj. Com</u> E-mail address: (to be used for future annual report flotification)
For further information concerning this matter, please call:
JACH A. CAGER II at (407) 453-4036  Name of Person at (407) 453-4036  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$30.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

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company has been notified in writing of this change.

Sancisational Event Entertainment LCC
(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 1-17-2015 and assigned Florida document number <u>£1200007540</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  VACER Entertainment LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the 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 the name of the ne registered agent and/or the new registered office address here:
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address , Florida
City Zip Code page
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

If Changing Registered Agent, Signature of New Registered Agent

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
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the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)  ated February 1999	not be more than 90 days after

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Filing Fee: \$25.00

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