Division of Corporations

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To:			• • • •
	Division of Corpo		
	Fax Number :	(850)617-6383	CO S
From:			
	Account Name :	REGISTERED AGENTS INC.	크:j
	Account Number :	120090000081	' ያ የኛነ
	Phone :	(307)200-2803	
	Fax Number :	(813)436-5206	

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## LONGBOY ENTERTAINMENT LLC

Certificate of Status	0
Certified Copy	0
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M. SOLOMON

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Fax: 813436520 To: 18506176383 11/14/2024 07:00:07 PST Page: 2/4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Longboy Entertainment LLC  (Name of the Limited Liability Co (A Florida Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)		_	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{\text{L}12000021193}{\text{L}}$ .	oany were filed on 02/13/2012	and	assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
AmaKai Management Group LLC				
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or t	he abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:		·,,	20	
(Principal office address MUST BE A STREET ADDRESS	5)		24 h	
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Enter new mailing address, if applicable:		er in	P	t t
(Mailing address MAY BE A POST OFFICE BOX)		: ';	<u>-</u> -	<b>V</b>
		17:4	<u>Ω</u>	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the	name of the t	iew reg	gistere
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florid:	aZip Cα		

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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax: 813436520

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
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(If an effect Note: 1f	ive date is listed, the the date inserted	e date must be speci in this block does on the Departmen	itic and cannot l s not meet the	pe prior to date applicable s	of filing or mor-	e than 90 days afte	a filing.) Pursuant:	to 605,020 se listed a
ne record s ord is filed		d effective date, b	ut not an effe	ctive time, at	12:01 a.m. on	the earlier of: (	b) The 90th day	after the
Dated	ovember 14th		2024					
Dated		77		of anithorized				

Typed or printed name of signee