# L120000519123

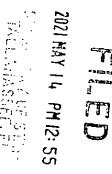
	(Requestor's Name)
	(Address)
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Dick adi	, WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

	1	PICK UP:	Danny	5/14	
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Ø	<b>РН</b> ОТОСОРУ				
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1.	A genti (CORPORATE NAME AND I	Intertaint	nwt Gro	up, LLC	
2.	(CORPORATE NAME AND I				
3.	(CORPORATE NAME AND I	OOCUMENT #)			
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SPEC! INSTE	IAL RUCTIONS:				

#### **COVER LETTER**

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•		
Name of Lir	nited Liability Company	
Amendment and fee(s) are sul	omitted for filing.	
	_	
Vladymir Acloque		
	Name of Person	<del></del>
Agenti Entertaintment Gro	oup, LLC	
	Firm/Company	
333 NE 24th St, 1701		
	Address	<del></del>
Miami, Florida 33137		
	City/State and Zip Code	<del>- ,</del>
vlad04@gmail.com		
	•	otification)
concerning this matter, please o	all:	
	786 209-4789	
of Person		ime Telephone Number
he following amount:		
☐ \$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
	Street Address: Registration S	ection
Corporations	Division of Co	orporations
	Amendment and fee(s) are substantial substantial fee(s) are substant	Name of Limited Liability Company  F Amendment and fee(s) are submitted for filing.  Ondence concerning this matter to the following:  Vladymir Acloque  Name of Person  Agenti Entertaintment Group, LLC  Firm/Company  333 NE 24th St, 1701  Address  Miami, Florida 33137  City/State and Zip Code  vlad04@gmail.com  E-mail address: (to be used for future annual report not concerning this matter, please call:  2786 209-4789  of Person  Area Code  Dayt  be following amount:  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Section  Corporations  Oroporations  Division of Cother Contractions  Division of Cother Contractions  Division of Cother Contractions  Division of Cother Contractions  The Centre of

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ART	ICLES OF	ORGANIZ <i>a</i>	ATION	دي	
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				一 美	ar essa
Agenti Intertaintment Group, LLC					Total State of the
(Name of the Limit	red Liability Com (A Florida Limited	ралу as it now appe Liability Company	nrs on our records.)		
		, , ,	,	900 <b>*</b>	
The Articles of Organization for this Limited L	iability Compan	y were filed on <u>"</u>	05/13/2021	and assigne	gn.
Florida document number L12000056923					<b>T</b>
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited lia	bility company	<u>here</u> :		
Agenti Group, LLC					
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company." the	designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE					
					<del></del>
		N/A			
Enter new mailing address, if applicable:			• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	<del>-</del> ··		<u> </u>	<del></del>
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office	address on our	records, enter the i	name of the new reg	<u>istered</u>
agent and of the new registered office address	2 Here:				
N 6N 8 1 1 1	N/A				
Name of New Registered Agent:				<u></u>	<del></del>
New Registered Office Address:					
		Enter Flo	orida street address		<del></del>
			, Florida	•	
		City	,	Zip Code	_
New Registered Agent's Signature, if changing R	egistered Agent	<u>.</u>			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	er and complete stered agent as registered office	e performance o provided for in	f my duties, and I c Chapter 605, F.S.	ım familiar with and Or, if this document	d

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□Change
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Please change my busines	s name from Agenti En	tertaintment	Group, LLC to Ag	enti Group, LLC	
Thank you.					
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ective date, if other than t	he date of tiling:	13/2021 —————		(optional)	)
effective date is listed, the date nee: If the date inserted in this ument's effective date on the	block does not meet the	e applicable :	e of filing or more the statutory filing req	an 90 days after filing uirements, this date	.) Pursuant to 605.020 will not be listed as
cord specifies a delayed effect filed.	tive date, but not an eff	ective time, a	t 12:01 a.m. on the	e earlier of: (b) T	ne 90th day after the
ed May 13	202	1			
		<del></del> •	$\sim$		

Typed or printed name of signee