## 1140000 24804

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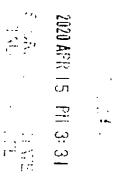
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## **COVER LETTER**

Seagull Fis	h Entertainment, LEC		
SUBJECT:	Name of Limi	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Steven H. Steinberg		
	Name of Person		
		Firm/Company	
	8302 Old Town Drive		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (addational copy is enclosed)
		Address	
	Tampa, FL 33647		
	steven@nevetsconsulting.cc	•	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please co	aff:	
Steven H. Steinberg		813 516-5034	
Name c	of Person	Area Code Daytir	ne Felephone Number
Enclosed is a check for t	he following amount:		
■ \$25 00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
			ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63:	27	The Centre of	Fattahassee

Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seagull Fish Entertainment, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on o iability Company)	our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number L14000024804	were filed on $\frac{02/12/20}{}$	)[4	and assigned
This amendment is submitted to amend the following:			2020 APR 15
A. If amending name, enter the new name of the limited liabil	lity company here:		72 - 55
The new name must be distinguishable and contain the words "Limited Liabili			
Enter new principal offices address, if applicable:			<u></u>
(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 a agent and/or the new registered office address here:	address on our record	ds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		Florida	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my corovided for in Chap	duties, and Lam ter 605, F.S. Or	familiar with and , if this document is

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

Title	Name	Address	Type of Action
MGR	Jason Moriarty	8302 Old Town Drive	ClAdd
		Tampa, Fl. 33647	≣Remove
			☐ Change
		. ,=	□ Add
			□Remove 2020 APR
<u>-</u>			□Add
			☐Remove ↔
			□Aúd
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Effective date, i	fother than the da	Marc ite of filing:	h 31, 2020	(01	otional)	
Note: If the date	i nsied, the date musi o	c does not meet the	applicable statutory	g or more than 90 days a rfiling requirements.	iter filing.) Pursuant to 60 this date will not be lis	15.0207 ( sted as 1
e record specifies rd is filed.	a delayed effective o	ate, but not an effe	ctive time, at 12:01	a.m. on the earlier of:	(b) The 90th day aft	er the
Dated April I	1.1	2020	<del></del>			
	11 - / /	/ // \	/			

Filing Fee: \$25.00

Typed or printed name of signee