L14000031312

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COVER LETTER

TO:	Registration Se Division of Cor	ection porations				
SUBJI		ket Jedi LLC				
		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Camila	Martinez Alves da Cunha			
		e control of the cont	Name of Person			
			Firm/Company			
		1308	South Broughton Square			
		 .	Address			
		Boynto	on Beach, Florida. 33436			
		can	City/State and Zip Code nila.cunha@icloud.com		2014 MAY SECRET	~20 4 ~*
		E-mail address: (to be used for future annual report notific	ation)	经营	Brans Western F
For fur	ther information o	oncerning this matter, please ca	all:		第2 9	1
	Camila Mar	tinez Alves da Cunha	606 627-1379		P S S S S S S S S S S S S S S S S S S S	1
	Name o	f Person		'elephone Number	23 ATE	
Enclos	ed is a check for the	he following amount:				
\$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

TO ARTICLES OF ORGANIZATION OF

Ticket Jedi LLC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company L14000037312 Florida document number	were filed on	March 05, 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1308 South	Broughton Square	
(Principal office address MUST BE A STREET ADDRESS)	Boynton Be	each, FL. 33436	
1-11100			P.00 P.
Enter new mailing address, if applicable:		Broughton Square	RETARY OF
(Mailing address MAY BE A POST OFFICE BOX)			# STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records, <u>enter t</u>	T-
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		. Florida	
	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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** □ Add ☐ Remove _□ Add □ Remove 三题 Remove ☐ Remove _ Add ☐ Remove □ Add __□ Remove

	•		
E. Effective date, it	f other than the date of f	filing: to date of receipt or filed date and can	(optional)
 (The effective date m 	f other than the date of f ust be specific, cannot be prior ent is filed by the Florida Depar	to date of receipt or filed date and can	(optional) not be more than 90 days after
(The effective date m the date this docum	oust be specific, cannot be prior ent is filed by the Florida Depar	to date of receipt or filed date and can rtment of State)	(optional) not be more than 90 days after
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(The effective date m the date this docum	nust be specific, cannot be prior ent is filed by the Florida Department is filed by t	to date of receipt or filed date and can ritment of State) 2014 of a member or authorized representations.	ative of a member
(The effective date m the date this docum	nust be specific, cannot be prior ent is filed by the Florida Department is filed by t	to date of receipt or filed date and can ritment of State) 2014 ,	ative of a member

Page 3 of 3

Filing Fee: \$25.00