L14000132501

(Re	equestor's Name)	
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COVER LETTER

Division o	of Corporations	
Love:	smith Entertainment Group	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.	
Please return all co	rrespondence concerning this matter to the following:	
	Tony O. Brown	
	Name of Person	
	Lovesmith Entertainment Group	
	Firm/Company	
	6700 Bull Run Rd. Apt. A373	
	Address	
	Miami Lakes, Florida 33014	
	City/State and Zip Code	
	lovesmithentertainmentgroup@hotmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
Tony O. Brown	786 380-2263at ()	
1	Name of Person Area Code Daytime Telephone Number	
Enclosed is a checi	k for the following amount:	
\$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee & } \Bigcup \\$Certificate of \Bigcup \\$60.00 \text{ Filing Fee & } \B	f Status & oy

MAILING ADDRESS:

TO:

Registration Section

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

,	-	
Lovesmith Entertainment Group 1 1		
·	ny as it now appears on our reco	rds:)
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	一
		To Th
The Articles of Organization for this Limited Liability Company	were filed on August 25, 2014	OF STATE A D S2 A D S2 A D S2
Florida document number L14000132501 .		R음 : 5
		52 10A
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Lovesmith Entertainment and Design Group		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6700 Bull Run Rd. Apt. A37	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, Florida 33014	
	-	
		_
Enter new mailing address, if applicable:	6700 Bull Run Rd. Apt. A37	3
(Mailing address MAY BE A POST OFFICE BOX)	Miami Lakes, Florida 33014	
(Mulling address MAT BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our recor	ds, enter the name of the ne
registered agent and/or the new registered office address her		
	<u>-</u> -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	•	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

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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imending un	y other information, enter chang	,e(s) note: (timeen dadino)	oncess, y necessary.	
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n effective date ote: If the date cument's effect record spe	if other than the date of filing: is listed, the date must be specific and came inserted in this block does not meet ctive date on the Department of State cifies a delayed effective date by after the record is filed.	not be prior to date of filing or more the the applicable statutory filing recess records.	uirements, this date will not b	e listed
ted		<u> </u>		
	mit		2016	و د د د د د د
	Signature of a memi	ber or authorized representative of a	member Comment	· · · · · · · · · · · · · · · · · · ·
	TONY O	BROWN	TARY I	Residence Grantes
_,	Тур	ped or printed name of signee		
			A 10: 53 OF STATE FLORID	
			23 22 23	

Filing Fee: \$25.00