

L14000169888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

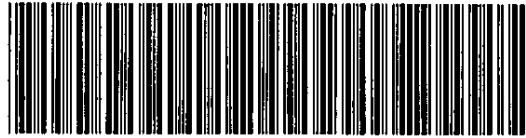
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TALLAHASSEE, FLORIDA

NOV 10 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unlimited ENTERTAINMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mukesh B. PATEL
Name of Person

Unlimited ENTERTAINMENT LLC
Firm/Company

5000-6 NORWOOD Avenue
Address

Jacksonville, FL 32208
City/State and Zip Code

johnvega58@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Renquillo at (407) 252-8194
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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

Unlimited ENTERTAINMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/31/14

Florida document number L14000169888.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Unlimited ENTERTAINMENT LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5000-6 NORWOOD Avenue
Jacksonville, FL 32208

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5000-6 NORWOOD Avenue
Jacksonville, FL 32208

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AGAY ISHVANBHAI PATEL

New Registered Office Address:

5000-6 NORWOOD Avenue

Enter Florida street address

Jacksonville

Florida

32208

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.

Agay Patel
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

MGRM AJAY ISHVAR BHAI PATEL 5000-6 NORWOOD Avenue ☒ Add
Jacksonville, FL 32208 ☐ Remove

MGRM MUKESH B. PATEL 5000-6 NORWOOD AVENUE ☐ Add
JACKSONVILLE, FL 32208 ☒ Remove

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TAMPA, FLORIDA

☐ Remove☐ Add☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 6, 2014.



Signature of a member or authorized representative of a member

Mukesh B. Patel

Typed or printed name of signee

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Filing Fee: \$25.00

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