

L150000062933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

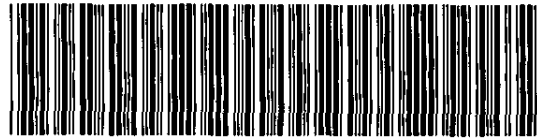
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2015 OCT 16 P 4:13

SECRETARY OF STATE
LAHASSEE, FLORIDA

OCT 19 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2015

MARIO LEQUERIQUE
13659 51 PLACE NORTH
WEST PALM BEACH, FL 33411

SUBJECT: OWN IT ENTERTAINMENT LLC
Ref. Number: L15000062933

We have received your document for OWN IT ENTERTAINMENT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 515A00020909

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Own It 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:

MARIO Lequerique
Name of Person

Own it Entertainment LLC
Firm/Company

13659 51 Place N
Address

West Palm Beach, FL 33411
City/State and Zip Code

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

For further information concerning this matter, please call:

MARIO Lequerique at (561) 255-4144
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$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)

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

RECEIVED
15 SEP 31 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Own it 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 4-10-2015 and assigned
Florida document number L150000102933

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

13659 51 Place N
West Palm Beach FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10901 Okeechobee Blvd
51530
West Palm Beach, FL 33411

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:

MARIO G. Lequerique

New Registered Office Address:

13659 51 Place N

Enter Florida street address

West Palm Beach, Florida 33411

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Brian Kogan</u>	<u>1609 S. Dixie Hwy</u> <u>West Palm Beach FL</u> <u>33411</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>VP</u>	<u>Mario Lequerque</u>	<u>13659 51 Place N</u> <u>West Palm Beach 33411</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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FILED
2016 OCT 13
CLERK OF STATE
TREASURY OF FLORIDA
Change
Add
Remove
Change

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: 9/24/2015 (optional)

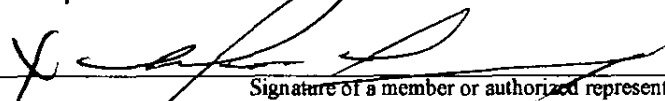
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

9/24, 2015

X 

Signature of a member or authorized representative of a member

MARIO Lequerique

Typed or printed name of signee

FILED
2015 OCT 16 P 4:13
SECRETARY OF STATE
TAMPA, FLORIDA

To whom it may concern,

We are updating the Registered Agent information, Business Address and President Information for the following LLC: Own It Entertainment LLC

Please Remove Brian Kogan as the Registered Agent and Replace with Mario Lequerique

Please Update the Business address from : 1609 S Dixie Highway West Palm Beach Fl, to 13659 51 place N West Palm Beach 33411

Please Remove Brian Kogan as President and Update Mario Lequerique from VP to President.

If you need additional assistance with these changes please contact Mario Lequerique 561-255-4144 or email ownitentertainment@gmail.com

Thank you,

Mario Lequerique

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000062933
FILED 8:00 AM
April 10, 2015
Sec. Of State
tburch

Article I

The name of the Limited Liability Company is:

OWN IT ENTERTAINMENT LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1609 S DIXIE HIGHWAY
SUITE 1
WEST PALM BEACH, FL. 33411

The mailing address of the Limited Liability Company is:

1609 S DIXIE HIGHWAY
SUITE 1
WEST PALM BEACH, FL. 33411

Article III

The name and Florida street address of the registered agent is:

BRIAN KOGAN
1609 S DIXIE HIGHWAY
SUITE 1
WEST PALM BEACH, FL. 33411

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIAN KOGAN

Change
13659 51 PI N
WPB FL 33411

Change
6901 Okeechobee Blvd
WPB FL 33411

Change
MARLO Lequerque
13659 51 PI N
WPB FL 33411

Article IV

The name and address of person(s) authorized to manage LLC:

Title: VP
MARIO G LEQUERIQUE
1609 S. DIXIE HIGHWAY
WEST PALM BEACH, FL. 33411

Change to
"P"

Title: P
BRIAN KOGAN
1609 S. DIXIE HIGHWAY
WEST PALM BEACH, FL. 33411

Remove

Article V

The effective date for this Limited Liability Company shall be:

04/09/2015

Signature of member or an authorized representative

Electronic Signature: MARIO LEQUERIQUE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L15000062933
FILED 8:00 AM
April 10, 2015
Sec. Of State
tburch