L 15000064082			
(Requestor's Name) (Address) (Address)	000279065280		
(City/State/Zip/Phone #)	11/20/1501016014 **25.00		
Certified Copies Certificates of Status	TALLAHASSE		
	ITILEU NOV 20 PM 5: 43 AHASSEF. FLORIDA		
Office Use Only	K.SALY EXAMINER NOV 232015		

•	COVER LETTER				
TO: '	Registration S Division of Co				
SURI	KBROS E	NTERTAINMENT, LLC			
50001	ECT:	Name of Lin	nited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		DONALD K PORGES CI	24		
			Name of Person		
		DONALD K PORGES OF	PA, LLC		
		<u> </u>	Firm/Company		
		1880 N CONGRESS AVE	E, SUITE 215		
		······	Address		
		BOYNTON BEACH, FL	33426		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report no	iffication)	
For fur	ther information c	oncerning this matter, please e	all:		
DONA	LD K PORGES		561 737-5568 at ()		
<u>. </u>	Name o	f Person		ne Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$25	5.00 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/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on irations enter Circle		

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ARTICLES OF AMEND	MENT
· TO	≠ *c-,
ARTICLES OF ORGANI	ZATION /*//
OF	ZATION 2015 NOV 20 PH 5:43
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	MENT, LICALLARIAN PH 5:43
(A Florida Limited Liability Comp	ppcars on our records.) A SEE. FL Option
The Articles of Organization for this Limited Liability Company were filed of	m APRIL 13, 2015 and assigned
Florida document number L15000064082	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	is on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

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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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

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I.

MGR = Manager AMBR = Authorized Member

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<u>Title</u> <u>Name</u>		Address	Type of Action		
MBR NIKOLAS KOSTIC		1880 N CONGRESS AVE, STE 21	🗆 Add		
		BOYNTON BEACH, FL 33426	Remove		
			Change		
	····		□ Add		
			Remove		
			Change		
			HILLAHASSONOVOL		
			SEE FLORIDA		
			Remove		
			Change		
			Add		
			Remove		
			Change		
	·		🗆 Add		
			Remove		
			Change		

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

MEMBER NIKOLAS KOSTIC NAME WAS SPELLED WRONG ON ORIGINAL FILING.

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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.

NOVEMBER 16 Pated	2015
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herde	The second secon
- 514	gnature of a member or authorized representative of a member
DONALD K PORGES, MA	ANAGER

Typed or printed name of signee

Filing Fee: \$25.00