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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Abram's Blue Ridge Entertainment 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:
Laura Holland Name of Person
Abrams Blue Ridge Entertainment
9 Oak Brook Dr
Ormond Beach, FL, 32174 City/State and Zip Code bus. holland @gmail.com E-mail address: (to be used for Ature annual report notification)
bus. holland @ gmail.com E-mail address: (to be used for fiture annual report notification)
For further information concerning this matter, please call:
Laura Holland at (386) 868-9763 Area Code Daytime Telephone Number Number 23
Name of Person Area Code Daytime Telephone Number SSER 23 Enclosed is a check for the following amount: \$\sum_{\text{S25.00 Filing Fee}} \square \$

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

Abram's Blue R	Liability Compar Florida Limited L	tertainment y as it now appears on our lability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number \(\bigcup \frac{1500098907}{} \)		were filed on June	5,2015	and assigned	I
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the Abrams' Blue Ridge E. The new name must be distinguishable and contain the work	intertain	ment LLC	on "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicab		9 Oak Brow Ormond B	ok Dr leach, FL	, 32174	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2x)</u>	9 Oak Bro Ormond Be	ook Dr each, FL	, 3 2 174	
B. If amending the registered agent and/or registered agent and/or the new registered office	-		ecords, <u>enter</u>		e new
Name of New Registered Agent: New Registered Office Address:	Laure 9 091 Ormon	a Holland Brook Dr Enter Florida street Id Beach City	address	NAY 23 D 474 AHASSEE: FLORES	
		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>	Address	Type of Action
AMBR	Sabrina Valentine	224 Avilez Blud	🗅 Add
		Titus ville, FL, 32780	Remove
			Change
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			Addis MARVe Remove 4: 05 Add S MARVE S Add S TALLAHABSEE, FLORIDA
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reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of:
ated	May 20, 2016.	
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Page 3 of 3

Filing Fee: \$25.00