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Div	ision of Corp	orations		••				
SUBJECT:	VARIETY E	· NTERPRISES LLC			7	•		
SOBJECT.		Name of Lim	ited Liability Company		_			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please return	all correspond	dence concerning this matter	to the following:					
		MICHAELA GILBERT						
			Name of Person		_			
	VARIETY ENTERPRISES LLC							
	Firm/Company							
		4301 WEST VILLAGE A						
			_					
		CAMP SPRINGS, MD 20	746-5221					
		2015 OCT 23 SECRETARY SECRETARY	-17					
		E-mail address: (to be used for future annual report	notification)	IAR			
For further in	formation con	cerning this matter, please ca	all:		(LL) ~~	П		
MICHAELA	GILBERT		478 998-921		P IZ: FLOR	O		
	Name of P	erson ·	Area Code Day	ytime Telephone Numb	0 0			
Enclosed is a	check for the	following amount:						
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)			

MAILING ADDRESS:

TC.

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

VARIETY ENTERPRISES LLC							
(Name of the Lim	ited Liability Compa (A Florida Limited I	iny as it now appears (Liability Company)	on <u>our records.</u>)				
The Articles of Organization for this Limited I	_iability Company	were filed on $\frac{08/2}{}$	6/2015	and assigned			
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name (of the limited liab	ility company hero	e:				
N/A							
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the des	ignation "LLC" or the abb	reviation "L.L.C."			
Enter new principal offices address, if appli	cable:	148 WEST 42ND STREET					
Principal office address MUST BE A STRE	ET ADDRESS)	JACKSONVILLE, FL 32208					
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	4301 WEST VILL CAMP SPRINGS	AGE AVE, APT 1019, MD 20746-5221	2015				
3. If amending the registered agent and registered agent and/or the new registered of			ASSERTEDANT PLOR	he name of the			
Name of New Registered Agent:	BRASS TAX II	#10 P	000				
New Registered Office Address:	322 BROADW						
		Enter Floride	a street address				
	KISSIMMEE		, Florida <u></u>	41			
		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>	Type of Action
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