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SECRETARY OF STATE
ANASSTE, FLORID

J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		NE ESCAPE ROOM LLC		
5 0.0 0		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	endence concerning this matter	to the following:	
		LAZARUS P FOX		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		2056 SW 166 AVE		
			Address	
		MIRAMAR, FLORIDA, 3	3027	
			City/State and Zip Code	
		LFOX111@GMAIL.COM		
		E-mail address: (to be used for future annual report notif	ication)
For fu	ther information c	oncerning this matter, please co	ail:	
LAZA	RUS FOX		954 980-7029 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ \$ 2	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 Taliahassee, 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**

THE INSANE ESCAPE ROOM LLC

(Name of the	Limited	Lia	bility	Company as	it now ap	pears on our recor	ds.)
	<u> </u>	ET c	wida I	imited Lightli	ty Compar	ter)	

Name of New Registered Agent: New Registered Office Address: Enter Florida street address	amendment is submitted to amend the following: The amending name, enter the new name of the limited liability company here: KENTERTAINMENT LLC The name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." The new principal offices address, if applicable: The incipal office address MUST BE A STREET ADDRESS) The incipal office address MUST BE A STREET ADDRESS The incipal office address, if applicable: The incipal office address, if applicable: The incipal office address MAY BE A POST OFFICE BOX) The incipal office address MAY BE A POST OFFICE BOX The incipal office address on our records, enter the name of the refered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The Articles of Organization for this Limited Liability Company	were filed on MA	AY 20 2016	and	i assigr	ned
A. If amending name, enter the new name of the limited liability company here: B.L.K ENTERTAINMENT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	Tamending name, enter the new name of the limited Jiability company here: K ENTERTAINMENT LLC They name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." They name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." They name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." They name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." They name of SW 166 AVE, MIRAMAR, FL, 33027 or the abbreviation "LLC." They name of AVE, MIRAMAR, FL, 33027 or the abbreviation "LLC" or the abbreviation "LLC." They name of AVE, MIRAMAR, FL, 33027 or they name of the property of the support of the supp	lorida document number L16000098883					
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Enter Florida street address	Enter Florida street address	Name of New Registered Agent:					
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	·						
City Zip Code	Registered Agent's Signature, if changing Registered Agent:		City		Zìp C	ode	

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> Name <u>Address</u> **Type of Action** _ 🗆 Add □ Remove _ Change □ Add □ Remove _ Change _□ Add □ Remove _□ Change _□ Add _□ Remove 1120A _□ Change _□ Add ☐ Remove ☐ Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)
	 	
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Note: If	re date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at f the date inserted in this block does not meet the applicable statutory filing requirements, the date inserted in this block does not meet the applicable statutory filing requirements, the date inserted in this block does not meet the applicable statutory filing requirements, the date inserted in this block does not meet the applicable statutory filing requirements, the date inserted in this block does not meet the applicable statutory filing requirements, the date inserted in this block does not meet the applicable statutory filing requirements.	otional) Aer filing.) Pursuant to 605.0207 this date will not be listed as
documer	nt's effective date on the Department of State's records.	
the reco) The 9	ord specifies a delayed effective date, but not an effective time, at 12:03 poth day after the record is filed.	1 a.m. on the earlier of
Dated		ə
		NECO ALLL
	Signature of a member or authorized representative of a member	
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	Lazarus Fox Typed or printed name of signee	PM 4: 3 OF STATI

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Filing Fee: \$25.00