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(((H160001886173)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZCOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINCH ENTERTAINMENT, LLC

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## **COVER LETTER**

TO:	Registration Servision of Corp			•
CHO EU		ITERTAINMENT, LLC		
SUBJEC	-1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		CHEYENNE MOSEL	EY	
			Name of Person	
		LEGALZOOM.COM, E	NC.	
			Firm/Company	<del></del>
		101 N BRAND BLVD.,	11TH FLOOR	
			Address	<del></del>
		GLENDALE, CA 91203	3	
			City/State and Zip Code	
		steveafinch@yahoo.com	to be used for future annual report notifi	(ation)
For fire	er information co	oncerning this matter, please or	•	satisfy .
				0704
CHEYI	ENNE MOSEL		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e 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)
	Registra	NG ADDRESS: ation Section to of Corporations	STREET/COURING Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

No.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 07/14/2016		_and as	signed
Florida document number L16000133117				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limited Lial	pility Company," the designation "LLC" of	r the abbre	eviation '	'L.L.C."
Enter new principal offices address, if applicable:	15226 MERLINGLEN PLACE			
(Principal office address MUST BE A STREET ADDRESS)	LITHIA, FLORIDA 33547		6	
		190 24.1 	Ē	
		, 44 20 Ex	i.	4 JB**
Enter new mailing address, if applicable:	15226 MERLINGLEN PLACE	-1	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	LITHIA, FLORIDA 33547	_, r		1 = f
Traditing anaress MAL BE A LOST OFFICE BOXY		- <u></u>	<del></del>	· Aggress
		المالت <u>.</u> المالت	<del>-23</del>	
B. If amending the registered agent and/or registered o			name	of the
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enser Florida street address			,
	, Florid	8		

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u> Title</u>	<u>Narne</u>	Address	Type of Action
<u>.</u>			□ Add
			Remove
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ARTICLE IV:PLEASE AMEND THE LISTED ADDRESSES FOR  ANDREA S FINCH AND STEPHEN A FINCH TO:  15226 MERLINGLEN PLACE  LITHIA, FLORIDA 33547  Effective date. If other than the date of filing: (optional)
LITHIA, FLORIDA 33547
Effective date if other than the date of filing.
Effective date, if other than the date of filing:  (The effective date must be specific, esanot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  Only  Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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