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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	e)
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(Do	ocument Number)	
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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporation		•		
SUBJECT:	o Legit En	tertainment ted Liability Company		
The enclosed Articles of Am	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:		
	Desean	Thompson Name of Person		
	Go	Legit Enterta Flim/Company NE 23 rd Ave Address	inment	
	7401	NE 23rd Ave	C40	
		Address		
	Gainesvil	le, Flonida 32 city/state and Zip Code Thom psonegmai	608	
_	Desean	Thom psonegmai	1.com	
_	E-mail address: (tr	o be used for future annual report notifi	cation)	
For further information cond	erning this matter, please ca	ll:	>	77.7
Desean The	mpson	at (352) 215- Area Code Daytime	-4755 ASSAULT CONTROL NUMBER CONTROL	
Enclosed is a check for the fo	otłowina amount:		Q 50 50 50 50 50 50 50 50 50 50 50 50 50	Ö
	530.00 Filing Fee &	☐ \$55.00 Filing Fee &	- name Sile ω	
□ \$25.00 Filling Fee	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	

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

Go Legit Entertainmen	+ LLC			
Go Legit Entertainmen: (Name of the Limited Liability Cosmos (A Florida Limited	any as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\lfloor L / 600014388 \rfloor$	were filed on 8	1/2016	and as	ssigned
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 contain the words "Limited Liabi Enter new principal offices address, if applicable:	ility Company," the designat	tion "LLC" or the ab	breviation "l	L.L.C.
(Principal office address MUST BE A STREET ADDRESS)	·· · · · · · · · · · · · · · · · ·			
Principal unice autress most be A STREET ADDRESS				
Enter new mailing address, if applicable:	<u> </u>		ARAS	706
(Mailing address MAY BE A POST OFFICE BOX)			m/<	<u>∞</u>
			7	7
			SE SE	22
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our e:	records, <u>enter</u>	the name	e diuthe new ഗി
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str		 	
	Elle Follasin			
 	City	, Florida	Zio Code	
New Designated Agent's Signature if shanging Designated Agents	•		L-p 0000	,

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>	Name	Address	Type of Action
<u>AMBR</u>	Desean Thompson	740 NE23rd Ave C40	D-A ād
	·	Gainesville, Florida	Remove
		32608	☐ Change
			C. Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Charge
			A Adde Adde A A A S S S E C F C Change
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ffective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department of the properties of the date of the Department of the properties of the properties and the properties of the p	ecric and cannot be po bes not meet the app nent of State's recon ective date, but	nor no dane of filing of Dicable statutory fi rds.	more than 90 days are ling requirements, th	is date will no	t be listed a
The John day after the record is	, med.				
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Filing Fee: \$25.00