1-16000151575

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SECRETARY OF STATE
TALLAHASSEF FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor			
SHRIFA	The Wailer	s Tour. LLC - Amendment to a	Articles of Organization	
SUBJE				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Dani M. Ianniello, JD		
			Name of Person	
		Stephen W. Screnci, PA		
		 -	Firm/Company	
		2600 N. Military Trail, Su	ite 410	
			Address	
		Boca Raton, FL 33431		
			City/State and Zip Code	
		dmi@screncilaw.com	- L 1 & - 6	*
			to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please co	all:	
Dani M.	. Ianniello, JD		561 300-3390 at ()	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed	d 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)

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

The Wailers Tour, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing L16000151575	any were filed on August 12, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	diability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	7AE SEC.
		A A
Enter new mailing address, if applicable:		B 18
(Mailing address MAY BE A POST OFFICE BOX)		<u> 76 ≩ O</u>
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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
MGR	Aston Barrett, Sr.	4431 NE 3rd Terrace	
		Pompano Beach, FL 33064	Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
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Effective date, if other than the diffan effective date is listed, the date must be	ate of filin	ıg:			(option	ıal)		
Note: If the date inserted in this bloc	k does not i	meet the app!	icable statuto	ing or more that ry filing requi	190 days after fi rement <mark>s</mark> , this d	ling.) Pursua late will no:	nt to 605 t be liste	5.0207 ed as
document's effective date on the Dep	artment of S	State's record	ls.					
ne record specifies a delayed o	effective (date, but r	ot an effec	tive time.	at 12:01 a.i	m. on th ϵ	e earlie	er of
The 90th day after the recor	d is filed.			ŕ				•
Dated August 10		2017						
Dated		10	· ·					
$\Lambda \perp \Lambda $								

Page 3 of 3

Filing Fee: \$25.00