L/16000155387

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashess Line)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2016 SEP 15 P 4: 5u

Office Use Only

SER TO ME



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2016

CELEBRATION, FL 34747 1001 WIRE GRASS ST 24747

SUBJECT: ZOE TYLER ENTERTAINMENT, LLC Ref. Number: L16000155287

We have received your document for ZOE TYLER ENTERTAINMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60-days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

שנונט

Letter Number: 216A00018404-

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Deborah Bruce Regulatory Specialist II

gro.sidnus.www

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

CIII	ZOE TYLEI BJECT:	R ENTERTAINMENT, LLC			
SUI	bjeci:	Name of Limited Liability Company			
		Amendment and fee(s) are submitted for filing. Idence concerning this matter to the following:	·		
		Zoe J Kindley			
	•	Name of Person		•	
		Firm/Company		•	
		1001 Wire Grass ST			
		Address		•	
		Celebration FL 34747	ALL	3132	
		City/State and Zip Code	111 Sec. 111	SEP 1	
		E-mail address: (to be used for future annual report notification)	<u>(m</u>	5	k
For further information concerning this matter, please call:				T)	
Zo	e Kindley	ai ()	T)	25	
	Name of		Number	•	
Enc	losed is a check for the	e following amount:			
	\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Fi Certifica Certified additional	te of Sta Copy	atus &

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

	CELEBRATION	, Florida	34747 Zip Code
New Registered Office Address:		Florida street address	
	1001 WIRE GRASS ST		
Name of New Registered Agent:	ZOE J KINDLEY		
		O. 9>	5L
 If amending the registered agent and egistered agent and/or the new registered or 		D.T.:	1
	, , , , , , , , , , , , , , , , , , , ,	743	D. F.
		्रहे <u>न</u> सुर	, *** · ·
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>	
Enter new mailing address, if applicable:			\$2 PT-1
		D	.Na
Principal office address MUST BE A STREE			
nter new principal offices address, if applic	ahle•		
he new name must be distinguishable and contain the v	vords "Limited Liability Company," t	he designation "LLC" or th	e abbreviation "L.L.C."
a. If amending name, <u>enter the new name o</u>	f the limited liability company	y here:	
his amendment is submitted to amend the foll	· .		
	· ·		
lorida document number L16000155287	naomicy Company were med on		und assigned
he Articles of Organization for this Limited L	iahility Company were filed on	08/18/2016	and assigned
(Name of the Limit	ted Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.) ny)	
	1 P. C. B. 2124 2		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this appacity. 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 Besistered 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
MGR	Zoe Tyler	1001 Wire Grass ST	
		Celebration FL 34747	■ Remove
			Change
MGR	Zoe J Kindley	. 1001 Wire Grass ST	Add
		Celebration FL 34747	□ Remove
			☐ Change
			Add
			☐ Remove
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tive date, if other than the offective date is listed, the date must	be specific and	cannot be prio	r to date of filing	or more than 90		filing.) Pu	
If the date inserted in this blo nent's effective date on the De				filing requirer	nents, this	date wil	ll not be liste
	,						
cord specifies a delayed	effective d	ate, but no	ot an effecti	ve time, at	12:01 a	.m. on	the earlie
90th day after the reco	rd is filed.			•			
AUGUST 25		2016					
AUGUST 25	,		· ·				
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee