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R. WHITE

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# COVER LETTER

Division of Corporations
SUBJECT: Entertainment Architects Agency LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KARIN CARRIEL Name of Person
Entertainment Architects Agency LLC Firm/Company
80 DIAMONOHEACL De. S Address
Protenurst. NC 28374  City/State and Zip Code  LACING Entertainment Architect. COM  E-mail address: (to be used for fiture annual report notification)
F-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Person at (910), 379 7455  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing

#### 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 2019 APR 29 AM 11: 29

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ and assigned
Florida document number \_\_\_\_\_\_ and assigned
Florida document number \_\_\_\_\_\_ and assigned
Florida document number \_\_\_\_\_\_ and assigned
This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

The principal office address of 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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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		MIAMI, FL 33126	Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff lote:	ive date, if other than the date of filing: April 22 2019 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	
	Signature of a member or authorized representative of a member
	Signature of a/member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00