L16000164914

(R	Requestor's Name)			
(A	ddress)			
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(0	city/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	Business Entity Nar	me)		
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SECRETARY OF STATE
THORRES

D. SCOTT SEP 2 6 2016

COVER LETTER

	egistration Sec ivision of Corp		•				
CUBICA		TERTAINMENT LLC					
SUBJECT	:	Name of Lim	ited Liability Company				
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspor	dence concerning this matter	to the following:				
		My Corporation Business	Services, Inc.				
			Name of Person		-		
			Firm/Company		-		
		23586 Calabasas Road, Su	nite 102				
			Address		_		
		Calabasas, CA 91302			JAI SE	- 5	
		processing@mycorporation	City/State and Zip Code			333	÷
	E-mail address: (to be used for future annual report notification)				163	2	F
For further	information co	ncerning this matter, please co	all:			23 階	LED
My Corpo	ration Business	Services, Inc.	877 672-6772 at ()			Ω : 3	
	Name of	Person		elephone Numbe	r 25-11	-	
Enclosed is	s a check for the	e following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status		

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

NOWL ENTERTAINMENT LLO		
(<u>Name of the Lin</u>	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 09	9/01/2016 and assigned
Florida document number L16000164914		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the a	designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E ROX)	
		Tes is
		SE TO
B. If amending the registered agent and	d/or registered office address or	our records, enter the name of the
egistered agent and/or the new registered		22 23 To
Name of New Registered Agent:	Tyler Moll	
New Registered Office Address:	481 NE 24TH CT.	Ed w
	Enter Flo	rida street address
	BOCA RATON	, Florida ³³⁴³¹
	City	Zin 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> Name <u>Address</u> **Type of Action** Tyler Moll 481 NE 24TH CT. **AMBR** _■ Add BOCA RATON, FL 33431 _□ Remove _□ Change , □ Add □ Remove ☐ Change _ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

If amend	ding any other information, enter change(s) here; (Attach additional sheets, if neces	n <i>xury.)</i>
		
-		
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		<u> </u>
		F 23
		P 23 PH 12:
.		دى چىتى دى
Note: If	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fif the date inserted in this block does not meet the applicable statutory filing requirements, this d at's effective date on the Department of State's records.	181)
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.i Oth day after the record is filed.	m. on the earlier of:
Dated	September 21 2016	
	Signature of a member or authorized representative of a member	**************************************
	Typed or printed name of sumee	

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Filing Fee: \$25.00