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| Certified Copies          | Certificates      | of Status  |
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| Special Instructions to F | Filing Officer:   |            |
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## **COVER LETTER**

| то:    | Registration Sec. Division of Corp |  |   |   |
|--------|------------------------------------|--|---|---|
|        | DOLDRICE                           | KS ENTERTAINMENT LLC                         |   |   |
| SUBJ   | IECT:                              | Name of Limi                                 | ited Liability Company  |   |
| The e  | nclosed Articles of A              | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please | e return all correspoi             | ndence concerning this matter                | to the following:   |   |
|        |                                    | RICHARD WAYNE GEO                            | RGE   |   |
|        |                                    |  | Name of Person  | · ••  |
|        |                                    | DOLDRICKS ENTERTAL                           | NMENT LLC   |   |
|        |                                    |  | Firm/Company  | <del>~</del>  |
|        |                                    | 2943 VINELAND ROAD                           |   |   |
|        |                                    | <del></del>                                  | Address   | ·   |
|        |                                    | KISSIMMEE, FL. 34746                         |   |   |
|        |                                    | RICK@DOLDRICKS.COM                           | City/State and Zip Code   |   |
|        |                                    | E-mail address: (                            | to be used for future annual report noti                            | fication)   |
| For fu | urther information co              | oncerning this matter, please ca             | all:  |   |
| Rich   | ard W. George                      |  | 863 669.5032  |   |
|        | Name of                            | Person                                       | Area Code Daytim  | ne Telephone Number   |
| Enclo  | osed 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

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

## TU ARTICLES OF ORGANIZATION OF

| FILED                |
|----------------------|
| 2017 DEC 21 PM 5: 28 |
| SECRETARY OF         |

| DOLDRICKS ENTERFAINMENT LLC |  |
|-----------------------------|--|
|-----------------------------|--|

| DOUNDER BUILDINGS IN LINE   |                |   | . 5                  | CURTORY " 3 2         |
|---|----------------|---|----------------------|-----------------------|
| ( <u>Name of the Limited Lial</u><br>(A Flo   | ility Compar   | y as it now appears of ability Company) | on our records.) 14[ | LAHASS-OF STATE       |
| (Name of the Limited Lial (A Flow) The Articles of Organization for this Limited Liability Horida document number | Company v      | were filed on SEI/I                     | EMBER 9, 2016        | and assigned          |
| his amendment is submitted to amend the following.  |                |   |                      |                       |
| . If amending name, enter the new name of the li  | mited liabi    | lity company here                       | <u>:</u>             |                       |
| ne new name must be distinguishable and contain the words "I  | imited Liabili | ty Company," the desi                   | gnation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applicable:  | ₹Å.            | 2943 VINELAND                           | ROAD                 |                       |
| Principal office address MUST BE A STREET AD  | PA<br>DRESS)   | KISSIMMEE, FL                           | . 34746              |                       |
| nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>                         | *              | 2943 VINELAND<br>KISSIMMEE, FL          |                      |                       |
| . If amending the registered agent and/or registered agent and/or the new registered office a                     | ddress here    |   |                      |                       |
| 197   | SEVILLE I      |   |                      |                       |
| New Registered Office Address:  | <u>.</u> ,     |   | a street address     |                       |
| 1)A   | VENPORT        |   | . Florida            | 33837                 |
| <u> </u>  |                |   | , Fibriua _          | 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

| ٠. | - |   | ٠, | <br>• • | ~ | ~ | - | ~~~ |  |
|----|---|---|----|---------|---|---|---|-----|--|
|    |   | _ |    |         |   |   |   |     |  |

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>       | <u>Type of Action</u> |
|--------------|----------------------|----------------------|-----------------------|
| AMBR         | RICHARD WAYNE GEORGE | 192 SEVILLE DRIVE    |                       |
|              | <u> </u>             | DAVENPORT, FL. 33837 |                       |
|              |                      |                      | Change                |
|              |                      |                      | □ Add                 |
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|              |                      |                      | Remove                |
|              |                      |                      | □ Change              |

| Changing Mailing Address  Changing Registered Agent mailing/contact Address  Changing Registered Agent mailing/contact Address  Changing current Authorized Members mailing address  Changing current Authorized Members mailing address  Tective date, if other than the date of filing:  In effective date is fisted, the date must be specific and curnot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.02 obts: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a securent's effective date on the Department of State's records.  The 90th day after the record is filled.  December 18  2017  December 18  2017  Signature of a member or authorized representative of a member  Richard Wayne George | Changing Principle Office add   | dress   | FILEI   |
|--|---|---|---|
| fective date, if other than the date of filing:  (optional)  In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  It: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records.  It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the point day after the record is filed.  December 18  2017  Signature of a member or authorized representative of a member  | Changing Mailing Address  |   | 2017 DEC 21 DE  |
| fective date, if other than the date of filing:  (optional)  In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  It: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records.  It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the point day after the record is filed.  December 18  2017  Signature of a member or authorized representative of a member  | Changing Registered Agent n   | nailing/contact Address   | TALLAHARY OF  |
| fective date, if other than the date of filing:  (optional)  In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  It: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records.  It record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the point day after the record is filed.  December 18  2017  Signature of a member or authorized representative of a member  | Changing current Authorized   | Members mailing address   | ASSEE. FLORID.  |
| an effective 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 of the content of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a bournent's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the poth day after the record is filed.  December 18  2017  Signature of a member or authorized representative of a member   |   |   |   |
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| Signature of a member or authorized representative of a member   | December 18   | 2017  |   |
|  | JL S  | Signature of a member or authorized purecent  | ative of a member                                       |
|  |   | inguatare or a memori or aumorized represents   | and a statement   |

Page 3 of 3

Filing Fee: \$25.00