11700000 2257

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Amend

MAY 1 5 2019

COVER LETTER

	Registration Se Division of Co			
SUBJEC	r m* .	ENTERTAINMENT, LLC		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		RANDY BROWN		
		DARE 2B DIFFERENT, I	Name of Person NC.	
		2508 BAYFRONT PKWY	Firm/Company	
		ORLANDO, FLORIDA 3	Address 2806	
		miguel@thegonzalezlawfira	City/State and Zip Code m.org	
			to be used for future annual report notif	fication)
For further	r information c	oncerning this matter, please ca	all:	
RANDY I	BROWN		813 785-7437	
	Name o	f Person		e Telephone Number
Enclosed i	s a check for th	ne 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:

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

SANSON ENTERTAINMENT, L	LC		
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited I Florida document number L17000002257	Liability Company were	filed on 01/04/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
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 Co	ompany," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	 	<u> </u>
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
	_		
Enter new mailing address, if applicable:	_		3 PH 1
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and registered agent and/or the new registered	-	address on our records, enter	r the name of the nev
Name of New Registered Agent:	MIGUEL A. GONZ.	ALEZ	
New Registered Office Address:	607 VICKS LANDE	····	
		Enter Florida street address	
	APOPKA	т	2712

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.

Citv

Magnet U. Jongules

1 Changing Registered Agent. Signifure 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	PEDRO CASTRO PEDRAZA	8050 SW 145 STREET	
		DIMPERATOR FLORIDA 24122	
		DUNNELLON, FLORIDA 34432	■ Remove
			- Remove
			■ Change
MGR	MIGUEL A. GONZALEZ	607 VICKS LANDING DRIVE	
		APOPKA, FLORIDA 32712	□ Remove
		41 0	Li Remove
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Effective date, if other that (If an effective date is listed, the d	in the date of fil	ling:	ior to date of filin	a or more than 90 d	_ (optional) ass after filipg \ Pursu	iant to 605 0207 (3)
Note: If the date inserted in	this block does no	of meet the app	licable statutor	y filing requireme	ents, this date will n	of be listed as the
document's effective date on	the Department of	of State's recor	ds.			
f the record specifies a de			not an effect	ive time, at 1	2:01 a.m. on th	ne earlier of:
b) The 90th day after th	e recora is ille	eu.				
MAY 1		2019				
Dated MAY I		,	· ·			
M	. 1/1	01	0	ntative of a membe		
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Typed or printed name of signee

Filing Fee: \$25.00