L17000053301

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COVER LETTER

	tration Section of Corp		,	•
	TF ENTER	RTAINMENT LLC		
SUBJECT: _			ited Liability Company	
		Amendment and fee(s) are sub		
Please return a	ll correspoi	idence concerning this matter	to the following:	
		GLENN SANDLER		
			Name of Person	
		G SANDLER AND ASSO	CIATES, INC	
			Firm/Company	
		3600 N WICKHAM ROA	D SUITE 106	
			Address	
		MELBOURNE, FL 32935		
		DOCS@GITAX.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further info	ormation co	ncerning this matter, please ca	all:	
GLENN SANI	OLER		321 259-4482 at ()	
	Name of	Person		Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ng 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:

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

BTF ENTERTAINMENT, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L17000053301	oility Company were filed on 03/07/20	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida str	eet address
		Florida
	City	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

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	CARMEN VALENTINO	1619 DOZIER CIRCLE PALM BAY, FL 32909	Add
			☐ Remove
			☐ Change
			☐ Add
		□ Remove	
			Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
		Add	
		☐ Remove	
		Change	
			☐ Remove
			Change

(If an ef Note:	ive date, if other than the date of filing:
	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.
Dated	<u> 0ct 18 . 2019</u> Wassin W
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00