# LITOCO TETT

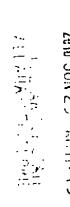
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### **COVER LETTER**

Division of Corpo	rations		
SUBJECT: I'M	Mersive A	erts Group Landied Liability Company	<u>LC</u>
The enclosed Articles of An	nendment and fee(s) are subi	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Resear	Name of Person  Ch & Dra Hirs  Firm/Company  Dak CH  Address  Address  Address  Address  Address  Acre, FL 3478  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	<u>.</u>
For further information conc			
Richand Name of Pe	( Jans	at 407, 404-	2697 Telephone Number
Enclosed is a check for the f	ollowing 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

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

Immersive Arts Group, LLC

(Name of the Limited Liability (A Florida I.)	Company as it now ar imited Liability Compa	opears on our reco	rds.)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1700007377</u>	mpany were filed or	3/30	12017	ınd ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability compan	<u>v here</u> :			
All Star Shows, LL	$\mathcal{L}$				
The new name must be distinguishable and contain the words "Limite	d Liability Company,"	the designation "LI	LC" or the abbrevia	ition "L.	L.C."
Enter new principal offices address, if applicable:				حج	
(Principal office address MUST BE A STREET ADDRE	<u>(S.S.)</u>		. <u>.                                   </u>	(13) (24)	
			<u> </u>	J.	
			5.3	29	,
Enter new mailing address, if applicable:				-	.*;
		<del></del>	44.		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	s		<u> </u>		<del></del>
				<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office addresses.		s on our recor	ds, <u>enter the</u>	<u>name</u>	of the
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	r Florida street addi	ress		
		. 1	Florida		
	City	·	Zi	p Code	
New Registered Agent's Signature, if changing Registered A	Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MCR	Research - Drafting Services	Windermere, FL3478	□ Add
	LLC	Windermere, FL3478	Remove
			Change
MGR	Richard Jans	9012 Chapman Oak C	Add Add
		Windormere, FL 3478	
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Effective date, if other than the date of filing:	_ (optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d. Note: If the date inserted in this block does not meet the applicable statutory filing requirements		
document's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not an effective time, at ${f 1}$ The 90th day after the record is filed.	2:01 a.m. on the	earlier o
The 30th day after the record is filed.		
Dated June 26 1. 2018.		
Saled		
1 / June		
Signature of a member or authorized representative of a member	r	<del></del>
Richard Jans		
Typed or printed name of signee		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00