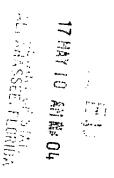
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COVER LETTER

TO:		istration Sec ision of Corp					
CUD II	e com		tainment LLC				
SUBJI	EC1:		Name of Lim	ited Liability Company			
The en	closed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please	return	all correspon	dence concerning this matter	to the following:			
			Keith Harris				
Name of Person							
Firm/Company							
			P.O. Box 172475				
				Address			
			Tampa, FL 33672				
			City/State and Zip Code				
			info@kemonconnects.com				
			E-mail address: (to be used for future annual report n	otification)		
For fur	rther in	nformation co	ncerning this matter, please ca	all;			
Keith l	Harris			813 352-9114 at ()			
		Name of	Person	Area Code Days	ime Telephone Number		
Enclos	ed is a	check for the	e following amount:				
\$2	5.00 F	iling 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

Envite Entertainment LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on April 11, 2017	and assigned
Florida document number L17000080713		
This amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Adailing address MAY BE A POST OFFICE BOX)		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		*
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		
		60 - - 1 - 1
		Zaroa Filipi
B. If amending the registered agent and/or registered		enter the name of the ne
egistered agent and/or the new registered office address he	<u>re</u> :	1

Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	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>	<u>Name</u>	Address	Type of Action
MGR	Paul A. George	11743 Albatross Lane	□ Add
		Riverview FL 33569	■ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
			□ Change
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Page 3 of 3

Filing Fee: \$25.00