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TO: Registration Section Division of Corporations
SUBJECT: DOOD S PAYMOUSE ADULT ENTERINMENT LL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOWES SiWS Name of Person
DOODN'S Playhouse Adult Entertainment UC
2014 Edgewater Dr., Stel81
Orlando, Pl 32804 City/State and Zip Code
Dadd 15 Pay Nouse entertainment agradicom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407), 844-161 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Certified Copy \\ (additional copy is enclosed)\$ Certified Copy \\ (additional copy is enclosed)\$ 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

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	ROUTE AND COLORED TO THE REAL PROPERTY OF THE PERTY OF TH		
Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		ř
·	2,77.1		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assign	ied
		, 1977 1977 1978 1978	
This amendment is submitted to amend the following:		, . ,	5
A. If amending name, enter the new name of the limited liabile DOUGLYS Play Nove Advantage of the limited liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Limited Liabile and contain the words "Limited Liabile and contain the words" Limited Liabile and contain the words "Limited Liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Limited Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain the words "Liabile and contain the words" Liabile and contain t	ut Entortainm	Ont "L	-L. C.
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Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	OYOMAD, FL	3280	, <u>C</u> 101
	and Talan ala	-0 61	\sim 1 $^{\circ}$ 1
Enter new mailing address, if applicable:	2014 EOGETUTE	10 V 2	<u>(18)</u>
(Mailing address MAY BE A POST OFFICE BOX)	Oriones O; TC =		7
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of	the new
registered agent and/or the new registered office address neve	•		
Name of New Registered Agent:			
New Registered Office Address:		201	
	Enter Florida street address		: 1
	, Florida	Zin Code	
New Registered Agent's Signature, if changing Registered Agent:	VII,	PH	•
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further ag	reeto comply	with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar wi ch a	and
being filed to merely reflect a change in the registered office of			:111 13
company has been notified in writing of this change.			

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member				
<u>`itle</u>	<u>Name</u>	Address	Type of Action	
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Tective date, if other t	han the date of f	iling:	4.18.	(op	tional)	
an effective date is listed, the ote: If the date inserted bourment's effective date	in this block does r	not meet the appl	cable statutory fili	nore than 90 days at ng requirements, th	ter filing.) Pursuant to 6 his date will not be li	isted as the
e record specifies a d The 90th day after t			ot an effective	time, at 12:01	a.m. on the ear	lier of:
ated Apri	1 18	20V	<u>L</u> .			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00