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SECRETARY OF STATE

A. RIVERS MAY 3 0 2023

## **COVER LETTER**

SUBJECT:	un dolay Social Clu Name of Limi	b, LIC. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tristan	Chandra	
	closed Articles of Amendment and fee(s) are submitted for filing.  Ti Stan Chandra  Name of Person  Mandalay Silm Chub, UC.  Firm/Company  98 5 Highland Ave Unit 1902  Address  Tar pan Springs, FL 34689  City/Nata and Zip Code  Tilstan & Mandalay Film Club, com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Tistan Clundra  Name of Person  at (727) 481.0514  Name of Person  Area Code  Daytime Telephone Number		
	information concerning this matter, please call:    Stan Clanta   Springs   Ft   Stan Clanta   Standard   Stan		
Division of Corporations  SUBJECT: Mandolay Social Club, LLC.  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:  Ti Stan Chanta  Name of Person  Mandolay Silva Club, LLC.  Firm/Company  98 S Highland Are Unit 1907  Address  Tar pan Springs, Ft. 34689  City/State and Zip Code  Tistan @ Mandolay Film Club, com  E-mail address: (To be used for future amoual report notification)  For further information concerning this matter, please call:  Tistan Chanta  Name of Person  Tendes of Status Conflicting Fee & S60.00 Filing Fee.  Certificate of Status  Certified Copy  (additional copy v. enclosed)			
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	Tarpon Sp	Olings FL 34689	
Proc. Comb. on the Community on the		•	(Catton)
		HI.	
Tristan Cha Name of	n dra Person	at ( <u>727</u> ) <u>48/ - 05</u> Area Code Daytime	5/4 : Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on		and ass	igned
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Mandalay Film Club, LLC.	<del></del>			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbrevi	ation "L.I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				_
D. Le				
B. If amending the registered agent and/or registered oflagent and/or the new registered office address here:	nce address on our records, <u>enter the</u>	$\frac{\text{name of}}{\geq \omega}$	the new	<u>registere</u>
		ECS ECS	[3] <b>&gt;&gt;</b>	وبدوسه
Name of New Registered Agent:		AH Z	APR	1 !
tvanie of New Registered Agent.		S 22	0	1
New Registered Office Address:		me me	<del>-</del>	TT.
	Enter Florida street address	E	<del>-</del>	
	, Floric		ယ္ <del>န့်,</del>	
	City		p 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = -1	Manager
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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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If amending any o							
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Effective date, if of It an effective date is list Note: If the date ins document's effective	erted in this block d	loes not meet t	he applicable si	of filing or more that atutory filing req	(option nan 90 days after fi uirements, this o	nal) ling.) Pursuant to 6 late will not be li	05.0207 ( sted as t
e record specifies a derd is filed.	elayed effective date	:, but not an ef	fective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day af	ter the
Dated <u>April</u>	5		023	_			
		iture of a member	er or authorized i	epresentative of a	nember		
	The same of the sa	///					