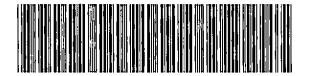
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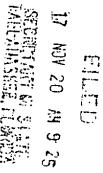
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COVER LETTER

SUBJECT:	E HUSTLERZ ENTERTAINME Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KERVENS GEORGES		
		Name of Person	
		Firm/Company	
	1440 CORAL RIDGE DR	IVE #419	
		Address	
	CORAL SPRINGS, FL 33	071	
		City/State and Zip Code	
	POLOGEORGES94@GM/		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please co	all:	
KERVENS GEROGES		954 274-6907 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fce	☐ \$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

TO:

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

DAY ONE HUSTLERZ ENTERTAINMENT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/29/2017</u>	and assigned
Florida document number L17000141467		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DAY I HUSTLERZ ENTERTAINMENT LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	1440 CORAL RIDGE DR UNIT 419	
rincipal office address MUST BE A STREET ADDRESS) CORAL SPRINGS, FL 33071		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, entere:	the name of the ne
	Florida	Sep 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
MGRM	CARL F. GEORGES	1440 CORAL SPRINGS DR. #419	■ Add
		CORAL SPRINGS, FL 33071	Remove
			Change
			Add
			🗆 Remove
			Change
-			Add
			Remove
			Change
			D Add
			☐ Remove
			Change
			Add
			The Company Co
			Add
			□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach addit	2
	
	
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09/21/2017	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
Note: If the date inserted in this block does not meet the applicable statutory fili	ing requirements, this date will not be listed a
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	
The John day after the record is fired.	
Dated SEPTEMBER 21 2017	NOV NOV
Dated SETTEMBER 21 . 2017	
	20 SEE
Signature of a member or authorized representative	ve of a member 글 en 로
	9

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee