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| (Re | questor's Name) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | | tration Section of Corp | | • | | |
|-----------------|--------------|-------------------------|--|---|------------------------|-----------------|
| CUBICA | - [| DJ Steel Ent | ertainment Services LLC - Na | ume Change | | |
| SUBJEC | -l: <u>-</u> | | Name of Lim | ited Liability Company | - | |
| The encl | osed / | Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn a | ll correspor | ndence concerning this matter | to the following: | | |
| | | | Gregory Bradley | | | |
| | | | | Name of Person | | _ |
| | | | | Firm/Company | | _ |
| | | | 1454 River of May St | | | |
| | | | | Address | - | _ |
| | | | St Augustine FL 32092 | | | |
| | | | | City/State and Zip Code | | |
| | | | gregbradley2008@gmail.co | | | |
| | | | E-mail address: (| to be used for future annual rep | ort notification) | |
| For furth | er inf | ormation co | neerning this matter, please ca | all: | | |
| Gregory | Brad | ley | | 904 704-0 at () | | |
| | | Name of | Person | Area Code | Daytime Telephone Numb | er |
| Enclosed | f is a c | heck for the | e following amount: | | | |
| ⊠ \$25.0 | 00 Fil | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclose | ed) Certifie | ate of Status & |
| | | | | | | |

MAILING ADDRESS:

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 Taliahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DJ Steel Entertainment Services LLC | | | |
|--|---|---|----------|
| (<u>Name of the Limited Lia</u> (A Flo | ibility Company as it now appe orida Limited Liability Company | ars on our records.) | |
| The Articles of Organization for this Limited Liabilit | y Company were filed on _ | / / | gned |
| Florida document number <u>L18000049164</u> | · | | |
| This amendment is submitted to amend the following | <i>5</i> : | | |
| A. If amending name, enter the new name of the | limited liability company | <u>here</u> : | |
| TnG Bradley Services ELC | | | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the | designation "LLC" or the abbreviation "L.L. | C." |
| Enter new principal offices address, if applicable: | | 73 | |
| (Principal office address MUST BE A STREET AL | DDRESS) | | 1 1 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re | egistered office address o | on our records, enter the name of | f the |
| registered agent and/or the new registered office a | iddress here: | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Exton E | lorida street address | |
| | v.nier v i | | |
| | Cirv | , Florida Zip Code | <u>-</u> |
| | Cuy | 2.47 C (tal. | |

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 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---|----------------|
| AMBR | Trasse Bradley | 1454 River of May St St Augustine FL 32092 | |
| | | | □ Remove |
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| Effective date, if other than the date of filing: 2/11/2019 (optional) Fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.00. For the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records. For erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed. February 14 2019 Signature of a member or authorized representative of a member. Signature of a member or a member of a member. | _ | |
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Page 3 of 3

Filing Fee: \$25.00