## 118000055000

	,
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
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(Document Number)	
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SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA

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## **COVER LETTER**

	gistration Sec rision of Corp		an ♥ X X X •	
€ SURIFCT:	BLUE DUN	A ENTERTAINMENT LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Mark A. Baker		
			Name of Person	
		Blue Duna Entertainment,	LLC	
			Firm/Company	
		1804 Old Fort Drive		
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Mark A. Ba	ker		404 695-0339 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 I	Filing 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

## BLUE DUNA ENTERTAINMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	anany wars Glad on 03/01/201	8
Florida document number L18000055000	ipany were med on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
		_
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	18 TAL
(Principal office address MUST BE A STREET ADDRES	<u> </u>	APR APR
	10000	
		<b>a 6</b>
Enter new mailing address, if applicable:		PH S
(Mailing address MAY BE A POST OFFICE BOX)		OR OR
		A OFF
Name of New Registered Agent:  New Registered Office Address:	s nere:	
	Enter Florida stree	t address
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my du nt as provided for in Chapter	ties, and I am familiar with and 605, F.S. Or, if this document is
Ĩ	f Changing Registered Agent, <u>Sig</u>	nature 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
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fective date, if other	than the date of filing:	(optional)	
an effective date is listed.  ote: If the date inserte	he date must be specific and cannot be prior to date d in this block does not meet the applicable s e on the Department of State's records.	e of filing or more than 90 days after filing.) Pu	rrsuant to 605.020 I not be listed a
	delayed effective date, but not an	effective time, at 12:01 a.m. on	the earlier
The 90th day afte	the record is filed.		
ated April	26,2018		
	1 MSS	$\rightarrow$	
	Signature of a member or authorized		

Page 3 of 3

Filing Fee: \$25.00