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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Michael Lanters Name of Person
Mike Watt Silly Entertainment
Firm/Company Solo the Street
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at SB, 377-77(08) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

(A Florida Limited L	hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L\S\Company	were filed on $\frac{3/12./18}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words Limited Liability	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
Enter new mailing address, if applicable:	2 m		
(Mailing address MAY BE A POST OFFICE BOX)	- Π - Ο - <u>σ</u>		
			
registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	City Zip 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>	Name	<u>Address</u>	Type of Action
-		····	□ Remove
			Change
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amending any other information, enter change(s) here: (Attach	
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fi te: If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
red 00+06/23 2018.	
Signature of a member or authorized repres	Sentative of a member
mobal walk	

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Filing Fee: \$25.00