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ON OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HUSTLE MANIA ENT, 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:
Thomas B Manning Name of Person
HUSTLEMANIA ENT LLC Firm/Company
1852 W 41 St
City/State and Zip Code Munyungnitch Q g mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas B Manning at (904) 386 5485 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

HUSTLEMANIA EN	T, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iv As it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000142482</u> .	were filed on 06/08/2018	_ 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 Liabili	ty Company," the designation "LLC" or the abbrev	viation "L.L.E.". ✓ Š
Enter new principal offices address, if applicable:		E CR S10
(Principal office address MUST BE A STREET ADDRESS)		C CELE
		-
		21 K
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the nev
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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:

or remov	ved from our records:		
	Manager = Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Woshington, Patrick A	1852 W 41st St Jacksonville, FL 32209	
		Jacksonville, FL 32209	☐ Remove
			Change
			
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Effective date, if other than the date of filing: (optional) (optional) (if an effective date is listed, the date must be specific and earnor be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated The 90th day after the record is filed. August 8. 2018 Signature of a member or authorized representative of a member. Thomas B. Manning. Patrick 4. Washington.		
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 more than 90 days after filing.) Pursuant to 605.020 Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated [Solution 1] [Solution 2] [Solution 3] [Solution 3] [Solution 3] [Solution 4] [Solution 4]	•	
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Signature of a member or authorized representative of a member	2/2/A 1 5 2019	
		ashing to
Typed or printed name of signee	Signature of a member or authorized representative of a member	-

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Filing Fee: \$25.00