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THE SE SUID C. GOLDEN

COVER LETTER

Division of Corpor	rations		
CC Entertainn SUBJECT:	ient Djs LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		Robert Alsopp	
		Name of Person	····
		CC Entertainment Djs LLC	
		Firm/Company	
		14256 Sw 151st Ave	Robert Alsopp Name of Person Entertainment Djs LLC Firm/Company 256 Sw 151st Ave Address mi, Florida 33196 tty/State and Zip Code centertainmentdjs.com used for future annual report notification) 305 282-9625 at (
		Address	
		Miami, Florida 33196	
		City/State and Zip Code	
-		p@ccentertainmentdjs.com to be used for future annual report notifica	stion)
For further information conc	erning this matter, please ca	all:	
Robert Alsopp			
Name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee I	□ \$30.00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

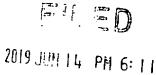
Registration Section

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



CC Entertainment Djs LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	EEFE.
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on September 26, 2018	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:	gistered office address on our records, eddress here:	enter the name of the nev
Navy Provintened Office Address		
New Registered Office Address:	Enter Florida street address	
	Florid	da
	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>	<u>Name</u>	Address	Type of Action
MGR	Robert Alsopp	14256 Sw 151st Ave Miami, Fl 33196	■ Add
			Remove
			□ Change
			□ Add
			Remove
			☐ Change
	 -		☐ Remove
			□ Change
			☐ Remove
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ctive date, if other than t	he date of filing:	9/25/2018	(optional)	
: Hective date is listed, the date if : If the date inserted in this	must be specific and cannot be problem to block does not meet the app	for to date of filing or more	thun 90 days after filing \ Duran	ant to 605.02
ment's effective date on the	Department of State's recor	ds.	equirements, this date will he	n be listed a
ecord specifies a delay	ved effective date, but i	not an effective tim	e, at 12:01 a.m. on th	e earlier (
e 90th day after the r	ecord is filed.			
June 5th	2018			
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	1.11-1	d dh		
	way (2	- All	\sim	
	Signature of a member or au	thorized representations	a member	

Page 3 of 3

Filing Fee: \$25.00