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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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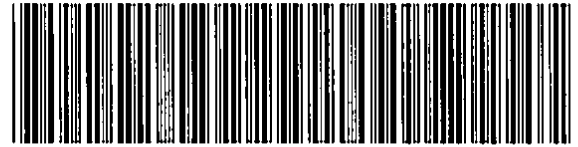
(Business Entity Name)

(Document Number)

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2020 MAR 17 PM 12:28

R. WHITE

MAR 31 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ENVISIONARY ENTERTAINMENT, 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:

TAVARES L. TAYLOR SR.  
Name of Person

TAYLORMADE FINANCIALS  
Firm/Company

3921 SW 4TH AVE #1007  
Address

DAVIE, FLORIDA 33311  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRANDON J. CUNNINGHAM at (954) 918-3271  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

202011217 PM 12:28

The Articles of Organization for this Limited Liability Company were filed on 12/24/18 and assigned Florida document number L18000292952.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

(Principal office address MUST BE A STREET ADDRESS)

3921 SW 47TH AVE #1007

DAVIE, FL. 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3921 SW 47TH AVE #1007

DAVIE, FL. 33314

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Tavares L. Taylor Sr.

New Registered Office Address:

3921 SW. 47th Ave #100

*Enter Florida street address*

Davie

*City*

Florida

33314

*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.*

Tavares L. Taylor Sr.

**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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>BRANDON CUNNINGHAM</u>	<u>3354 NW 23<sup>RD</sup> CT</u>	<input checked="" type="checkbox"/> Add
		<u>LAUDERDALE LAKES, FL 33311</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGRM</u>	<u>SHELDON MAAGH</u>	<u>5209 MADISON ST</u>	<input type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33021</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
<u>MGRM</u>	<u>STEPHAN DONTREID</u>	<u>8747 SHADOW WOOD BLVD</u>	<input type="checkbox"/> Add
		<u>CORAL SPRINGS, FL 33371</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

BRANDON CUNNINGHAM

Typed or printed name of signee

**Filing Fee: \$25.00**