(Requestor's Name)	
(Address)	40033
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	07/15/19
(Document Number)	
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31654794

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GUTTA CLICK Entertainment Group. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Donnie Hill Jr. Name of Person
Gutta Click Entertainment Group LLC. Firm/Company
4830 N.W. 3rd. Aule.
Miami, Fl. 33127 City/State and Zip Code
Gutta clickent . group & gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (186) 436. LO21 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$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

GUTTA CLICK ENTERT	FAINMENT GR	lou P
CUTTA CLICK ENTER? (Name of the Limited Liability Comps (A Florida Limited)	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on12/:	24/2018 and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	n"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3 3
(Principal office address MUST BE A STREET ADDRESS)		54 岸 丁
		- 5. 5. 5.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ア
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, <u>enter the name of the ne</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 Title <u>Address</u> Type of Action MGR WILLIE DIXON 4830 N.W. 3rd AVE. Remove ☐ Change 🗆 Add □ Remove ☐ Change _ 🗆 Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove

☐ Change

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•	
ffect	tive date, if other than the date of filing: (optional)
an cf	tive date, if other than the date of filing:
ocun	nent's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 9 90th day after the record is filed.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed. Tuly 12 2019 Signature of a member or authorize representative of a member
	1019
ated	2017

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00