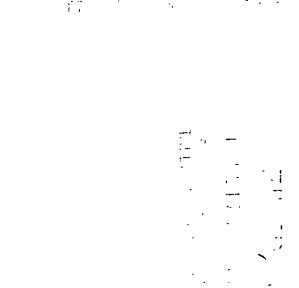
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#### **COVER LETTER**

то	: Registration Sec Division of Corp			
em	22Entertain	ment LLC		
301	BJEC1:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub	-	
Pica	ase return all correspon	dence concerning this matter	to the following:	
		Mohamed Almasri		
			Name of Person	<del>-</del>
			Firm/Company	
5550 W Atlantic Ave #211				
		•	Address	
		Delray Beach, FL 33484		
		Moalmasri971@gmail.com	City/State and Zip Code n	
		E-mail address: (t	to be used for future annual re	port notification)
For	further information co	ncerning this matter, please ca	all:	
Mo	hamed Almasri		at ()	9937
	Name of	Person	Area Code	Daytime Telephone Number
Enc	closed is a check for the	e following amount:		
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed)  \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT

### ARTICLES OF ORGANIZATION OF

## OF 22Entertainment LLC

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000293238	were filed on 12-24-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
22Ent LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	5550 W Atlantic Ave #211	
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL 33484	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(17 days)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		the name of the
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	• • • • • • • • • • • • • • • • • • • •	ree to comply with

If Changing Registered Agent, Signature of New Registered Agent

tf 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	Vanna	\$ Add survey.	Type of Action
			Remove
			□ Change
			D Add
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			☐ Change
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