## 119000022823

(Requestor's Name)	
/Address	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Commonweal)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

A. RIVERS AUG 1 9 2023



500412485975

07/20/23--01010--020 \*\*25.00

## . COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration S Division of Co			
CUDIC	2017	Finally Final	Fakel	
SORTE	LC1:	Eighty Eight Name of Limi	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Kirk J	Aboute Name of Person	
		Eighty 1	Egyt Entertain	est, LC
		1707 Sw/	OZ PL, Address	- ·
		Miami, FL	33/45  City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report	n notification)
For fur	ther information	concerning this matter, please co	·	,
	Kille -	Tabocda	at (305) 4/0	01-3777
	Name	of Person	Area Code D	aytime Telephone Number
Enclos	ed is a check for	the following amount:		
Ľ S2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	<del></del>	Street Addre	
	Registration	Section Corporations	Registration of	n Section Corporations
	P.O. Box 63	•		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eighty Eight Entertainm	ert UC.
( <u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L190000 Z 28 23</u> .	end the following:  ew name of the limited liability company here:  I contain the words "Limited Liability Company." the designation "L.L.C." or the abbreviation "L.L.C."  ss, if applicable:  EASTREET ADDRESS)  Ilicable:  TOFFICE BOX)  Int and/or registered office address on our records, enter the name of the new registered office address here:
This amendment is submitted to amend the following:	ent number
A. If amending name, enter the new name of the limited liability com	of Organization for this Limited Liability Company were filed on
The new name must be distinguishable and contain the words "Limited Liability Compa	iny," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	on our records, enter the name of the new registered
agent and/or the new registered office address nere.	· •
Name of New Registered Agents	, 50 50
Name of New Registered Agent.	
New Registered Office Address:	Francisco II.
	rnier r toriaa street adaress - :-
	Florida
•	Др 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
AMBR	Mirna Yunen	1707 SW 102 PL, Minni,	<u>PL</u> [[Add 37165
			□Remove
			🗆 Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	🗆 Add
			Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□ Remove
		<del>-</del>	□Change
		-	🗆 Add
		<del> </del>	□Remove
			□Change

· · · · · · · · · · · · · · · · · · ·	
, , , , , , , , , , , , , , , , , , ,	
ve date if other than the date of filing:	
f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	0207 d as
	the
7/3/23	
Signature of a member or authorized representative of a member	
Kick To	
į	ve date, if other than the date of filing: