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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** ___

Email Address:__

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COVER LETTER

TO:	Registration Division of C	i Section Corporations				
		ED 4 CHOICE ENTERTAINMEN	TLLC			
SUBJEC	(ፕ:		ted Liability Company			
		of Amendment and fee(s) are sub-			201 ; ;	
		JASON FLOOD	Name of Person		019 JUN 21 PH I2: 01	FILED
	SPOILED 4 CHOICE ENTERTAINMENT LLC				PH	ö
	FinivCompany				2: 0:	
	1200 TOWN CENTER DRIVE 421				O1	
			Address			
		JUPITER, FL 33458				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notifi	cation)		
For furti	her informatio	on concerning this matter, please of	att:			
	Nar	ne of Person	at ()	Telephone Number		
Enclose	ed is a check f	or the following amount:				
≘ \$ 25	.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate & Certified Co (additional cor	of Status & apy	
		AlLING ADDRESS:	STREET/COURI Registration Section			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 SPOILED 4 CHOICE ENTERTAINMENT LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nung of the Limited Lin (A Flo	hility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000031453	y Company were filed on 01/30/2019	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the	imited liability company here:	2
SPOILED 4 CHOICE LLC		919
The new name must be distinguishable and contain the worsts "I	imited Liability Company," the designation "LLC" of	the abbreviation E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)	·	
		<u> </u>
B. If amending the registered agent and/or re- registered agent and/or the new registered office ac	gistered office address on our records, ; ddress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	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 603, 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
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	Signature of	a member or author	ized representative	of a member		
IASON	FLOOD					
		Typed or printed	I name of signee			

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