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| (F | Requestor's Name) |
|------------------------|-------------------------|
| (<i>f</i> | Address) |
| | |
| (/ | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| (E | Business Entity Name) |
| (0 | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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C. GOLDEN MAR 1 2 2019

COVER LETTER

| Div | ision of Cor | porations | 1 | |
|--------------------|----------------|---|---|---|
| | | RTAINMENT LLC | i | |
| SUBJECT: | | Name of Lim | ited Liability Company | . |
| The enclosed | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | i all correspo | ndence concerning this matter | to the following: | |
| | | David Bauer | | |
| | | | Name of Person | |
| | | The Bauer Law Office P.A | | |
| | | | Firm/Company | |
| | | 814 Ponce de Leon Blvd., | Suite 210 | |
| | | | Address | |
| | | Coral Gables, FL 33134 | | |
| | | david@hauerlawpa.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further i | nformation c | oncerning this matter, please ca | att: | |
| David Baue | r | | 305 712-7979 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is: | a check for th | ne following amount: | | |
| ≘ \$25.00 F | 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:

TO:

Registration Section

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

FILED

JKK ENTERTAINMENT LLC

2019 FEB 26 AM 11: 12

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

| The Articles of Organization for this Limited Liability Company | were filed on 01/31/2019 and assigned | |
|--|--|--|
| Florida document number 1.19000032701 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liah | ility company here: | |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 814 Ponce de Leon Blvd. | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 210 | |
| | Coral Gables, FL 33134 | |
| Enter new mailing address, if applicable: | 814 Ponce de Leon Blvd. | |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 210 | |
| 1. Maring dances will be in 1 too 1 of 1 too 1 of 1 | Coral Gables, FL 33134 | |
| registered agent and/or the new registered office address her Name of New Registered Agent: | <u>e</u> : | |
| · · · · · · | | |
| New Registered Office Address: | Enter Florida street address | |
| | Planida | |
| | , Florida City Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | |
| TKOL. | nging 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 |
|--------------|---------------------|---|----------------|
| MGR | JKK Enterprises Inc | 814 Ponce de Leon Blvd. Suite 210 Coral Gables, FL 33134 | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| MGR | Jakub K Kozioł | 55 SE 6th Street, Sutie 205 | |
| | | Miami, FL 33131 | |
| | | | ■ Remove |
| | | | Change |
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| (II'an ef <u>Note:</u> | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | 2/19/19 |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00