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COVER LETTER

TO:	Registration Se Division of Co			
SHR	JECT:	AM2 E	ntertainment, LLC	
зов,	JEC1,		ited Liability Company	
The o	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		515	5 Post Oak Blvd Suite #300	
	Address			····
	Houston, Texas 77027			
	City/State and Zip Code			
	filings@swyftfilings.com			
		E-mail address: (to be used for future annual report noti	fication)
For f	urther information c	concerning this matter, please co	all:	
	Sonia E	Весегга	at (877) 777-04	50
	Name o	of Person		e Telephone Number
Encle	nsed is a check for t	he following amount:		
X \$	25.00 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AM2 Entertainment, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000038087	were filed on and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2080 S. Ocean BLVD #12//	
(Principal office address MUST BE A STREET ADDRESS)	Hallandale, FL, 33009	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		 e_new
Name of New Registered Agent:	2019 F.A.T.	
New Registered Office Address:	Enter Florida street address Florida	77
	City Zip Code	→ 111
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra- 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 fami <mark>liar witho</mark> and provided for in Chapter 605, F.S. Or, if this document	!
If Chan	pring Registered Agent, Signature of New Registered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Evelyn Milazzo	1835 E. HALLANDALE BEACH#355	Add
		HALLANDALE, FL 33009	Remove
			Change
AMBR	Michael Milazzo	1835 E. HALLANDALE BEACH#355	Add
		HALLANDALE, FL 33009	Remove
			Change
AMBR	Michael Milazzo	2080 S. Ocean BLVD #1211	 Add
		Hallandale, FL, 33009	☐ Remove
			Change
			Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Add
			Remove
			Change

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u></u>
	
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Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: with day after the record is filed.
Dated	Quayest 10 . 2019 Signature of a member or authorized representative of symboliser
	Michael Milazzo
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00